

COUNTY COUNCIL OF DURHAM



ANNUAL REPORT of the
COUNTY MEDICAL OFFICER OF HEALTH

STANLEY LUDKIN, M.D., B.S., D.P.H.

for the YEAR 1964

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Health Department,
County Hall,
DURHAM.

June, 1965.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the health in the administrative county, and on the work of the county's combined health and welfare department for the year 1964.

As in last year's report comments on the various services have been made under each section and in accordance with my plan to review specific services each year, I have also included a special report on the County Council's maternity and child welfare services. It is very difficult indeed to eliminate all the statistical data from the text, but this has been reduced as far as possible. For those who require the detailed information this has been provided in the final section.

Health in the county continues to be satisfactory. There were no major epidemics. The maternal mortality rate and the tuberculosis notification rate were the lowest on record, although it will be noted that the number of deaths from carcinoma of the lung has continued to increase. The health and welfare services, particularly the latter, continued to expand during the year although the shortage of trained staff has governed the rate of development. More and more chiropody schemes run by voluntary organisations have been subsidised and a direct County Council chiropody service commenced during the year. In accordance with our planned expansion numerous new projects were started in the mental health field, and more hostels for the old people were built.

Much closer liaison has been established between the local health authority services and the hospital and general practitioner services, and voluntary organisations have continued to give us very valuable assistance in numerous fields of activity. Central and local co-ordinating committees are found to be most valuable in this respect.

I wish to thank members of my staff for their continued assistance and co-operation throughout the year. Because of developing services many additional demands have been made on them, but I am most grateful for the way they have responded.

Finally, to you Mr. Chairman, Mr. Vice-Chairman and members of the Health Committee, I must express my appreciation of the support and help given to me so readily and consistently.

Your obedient Servant,

STANLEY LUDKIN,
County Medical Officer of Health.

STAFF OF THE COUNTY HEALTH DEPARTMENT

COUNTY MEDICAL OFFICER OF HEALTH

Stanley Ludkin, M.D., B.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

R. G. Hendry, M.B., Ch.B., D.P.H., D.Obst., R.C.O.G.

PRINCIPAL SENIOR MEDICAL OFFICER

A. D. Bostock, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER (MATERNITY AND CHILD WELFARE)

M. T. McFadden, M.B., B.Ch., B.A.O., D.P.H.

ASSISTANT WELFARE MEDICAL OFFICERS

L. R. Benham, M.B., B.S., D.P.H. (part-time).

I. E. Brown, M.B., B.Ch., B.A.O. (part-time).

W. J. Coates, M.B., Ch.B., D.Obst., R.C.O.G. (part-time).

M. M. Copland, M.B., Ch.B.

D. Crawshaw, M.B., Ch.B. (until 19.2.64).

M. T. Cunningham, M.B., B.S. (part-time) from 5.5.64.

J. Dabrowska, M.B., Ch.B.

(whole-time until 31.8.64. part-time from 1.9.64).

M. M. Dickinson, M.R.C.S., L.R.C.P.

E. S. Gillespie, M.B., Ch.B. (part-time).

M. E. Hegarty, M.B., B.Ch., B.A.O.*

J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H. (part-time).

S. Jindal, M.S., M.B., B.S., from 13.1.64.

G. A. Macgregor, M.D., D.P.H. (part-time).

M. E. A. C. Pattisson, M.B., B.S. (part-time) from 2.11.64.

M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H. (part-time).

L. Ross, M.B., B.S. (temporary).

K. M. Stewart, M.B., Ch.B. (part-time).

H. W. Tonge, M.B., Ch.B. (part-time).

A. Wagg, M.B., B.S.

A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (part-time).

* Engaged in work of Children Department.

ASSISTANT COUNTY MEDICAL OFFICERS

Area No. 1. J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H.

Area No. 2. H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H.,

Area No. 3. R. Hill, M.B., B.Ch., D.P.H.

Area No. 4. J. L. Siddle, M.B., B.S., D.P.H.

Area No. 5. P. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H.

Area No. 6. G. A. Macgregor, M.D., D.P.H.

Area No. 7. R. G. Drummond, M.B., Ch.B., D.P.H.

Area No. 8. A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Area No. 9. J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H.

Area No. 10. M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICERS OF HEALTH—DELEGATED AUTHORITIES

Easington R.D.—J. W. A. Rodgers, M.B., B.Ch., D.P.H.

Stockton M.B.—H. J. Peters, M.B., B.Hy., D.P.H., D.P.A.

COUNTY HEALTH INSPECTOR

T. S. Yarrow, C.R.S.H., M.A.P.H.I.

HEALTH VISITING SERVICE

SUPERINTENDENT

Miss M. Pattison, S.R.N., S.C.M. (Part 1), R.F.N., H.V. Cert., Nursing Administration (Public Health)
2 Deputy Superintendents. 113 Health Visitors.

MIDWIFERY AND NURSING SERVICES

SUPERINTENDENT

Miss N. Hawkins, S.R.N., S.C.M., R.F.N., H.V. Cert., Q.I.D.N.

1 Deputy Superintendent. 2 Assistant Superintendents.
119 District Midwives. 26 District Nurse-Midwives.
118 District Nurses.

CHIEF NURSING OFFICERS

Easington R.D.—Miss A. Howarth, S.R.N., S.C.M., H.V. Cert., Q.N.S.
Stockton M.B.—Miss A. Hansbury, S.R.N., S.C.M., H.V. Cert., Q.I.D.N.

NURSERIES

4 Matrons. 36 Other Staff.

MENTAL HEALTH

EXECUTIVE OFFICER

F. W. S. Taylor, A.A.P.S.W.
18 Mental Welfare Officers.

TRAINING CENTRES FOR THE MENTALLY SUBNORMAL

7 Supervisors	} Junior Training Centres.	1 Manager Warden	} Adult Training Centres.
22 Other Staff		3 Superintendents 20 Other Staff	

DOMESTIC HELP SERVICE

1 Organiser. 15 Assistant Organisers

HANDICAPPED PERSONS

SENIOR SOCIAL WORKER

Mrs. L. E. M. Stacey, A.M.I.A.
12 Social Workers 1 Occupational Therapist.

BLIND PERSONS

14 Home Teachers
3 Trainee Home Teachers

FAMILY WELFARE

SENIOR FAMILY WELFARE OFFICER

A. B. McManus.

AMBULANCE SERVICE

AMBULANCE OFFICER

C. G. Dewen

4 Staff Officers (1 for Civil Defence Training).	1 Maintenance Officer.
16 Central Control Staff.	1 Switchboard Operator.
14 Depot Superintendents.	3 Liaison Officers.
5 Depot Telephonists.	278 Driver-attendants.
	4 Mechanics.

WELFARE SERVICES—RESIDENTIAL ACCOMMODATION

ADMINISTRATIVE OFFICER

J. Scott

4 Superintendents. 21 Matrons.
2 Wardens. 350 Other Staff.

COMMITTEES

The administration of matters affecting public health and of the National Health Service Acts, 1946-1952, and the National Assistance Acts, 1948 and 1951 in so far as they affect the County Council, devolve upon the Health Committee. In connection with the administration of the National Health Service Acts the following standing committees have been established :—

Maternity and Child Welfare.

Ambulances.

Midwifery, Home Nursing, Health Visiting and Domestic Help.

Mental Health.

E. F. Peile County Convalescent Home.

These sub-committees, with the exception of the Mental Health Sub-Committee which meets bi-monthly, have meetings in each month except August. In connection with the administration of the National Assistance Acts there is a standing Welfare Sub-Committee which meets monthly except in August.

AREA HEALTH SUB-COMMITTEES

The number of meetings held by the area health sub-committees during the year in accordance with scheme adopted by the County Council in 1948 was as follows :—

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.	No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
1	Blaydon U.D. Ryton U.D. Whickham U.D.	20	5	6	Crook and Willington U.D. Tow Law U.D. Weardale R.D.	18	4
2	Jarrow Borough Felling U.D. Hebburn U.D.	21	5	7	Durham Borough Brandon U.D. Durham R.D.	20	4
3	Consett U.D. Stanley U.D. Lanchester R.D.	21	5	8	Barnard Castle U.D. Barnard Castle R.D.	15	4
4	Chester-le-Street U.D. Chester-le-Street R.D.	16	4	9	Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	20	4
5	Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D. Sunderland R.D.	29	7	10	Hartlepool Borough Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.	28	4

SECTION A—GENERAL STATISTICS

Area (in acres)	620,276
Registrar General's estimate of population, mid-1964	970,190
Rateable value as at the 1st April, 1964	£28,869,083
Sum represented by a penny rate	£114,516

LIVE BIRTHS

	1963			1964		
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Legitimate	8,554	8,342	16,896	8,745	8,234	16,979
Illegitimate	386	357	743	373	374	747
Totals	<u>8,940</u>	<u>8,699</u>	<u>17,639</u>	<u>9,118</u>	<u>8,608</u>	<u>17,726</u>

	<i>Administrative County,</i>			<i>England and Wales.</i>
	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1964</i>
Live birth rate per 1,000 population	18.6	18.2	18.3	18.4
Illegitimate live births per cent of total live births ...	3.8	4.2	4.2	
Stillbirths	359	344	361	
Stillbirth rate per 1,000 total live and stillbirths...	19.7	19.1	20.0	16.3
Total live and stillbirths	18,269	17,983	18,087	
Infant deaths (deaths under 1 year)	467	396	406	
Infant mortality rates :—				
Total infant deaths per 1,000 total live births ...	26.1	22.5	22.9	20.0
Legitimate infant deaths per 1,000 legitimate live births	26.1	22.2	22.6	
Illegitimate infant deaths per 1,000 illegitimate live births	23.4	26.9	29.4	
Neo-natal (deaths under four weeks) mortality rate per 1,000 total live births	19.3	15.0	15.7	13.8
Early neo-natal (deaths under one week) mortality rate per 1,000 total live births.	16.4	13.5	13.8	
Perinatal (stillbirths and deaths under one week combined) mortality rate per 1,000 total live and still births ...	35.7	32.4	33.5	
Maternal deaths (including abortion)	6	4	2	
Maternal mortality rate per 1,000 total live and stillbirths	0.33	0.22	0.11	0.25
Total deaths from all causes	11,223	11,287	10,563	
Death rate per 1,000 population	11.6	11.6	10.9	11.3

AREA.

The area of the administrative county is 620,276 acres—143,044 in municipal boroughs and urban districts and 477,232 in rural districts—the mean density of population being 1.56 persons per acre.

The administrative county consists of four municipal boroughs, 21 urban districts and 10 rural districts. The area of each of these districts is given in Table 1, Section H.

POPULATION.

The Registrar General's estimate of population for the administrative county for mid-year 1964 is 970,190 and shows an increase of 610 compared with his estimate for mid-year 1963. The estimated population of each sanitary district in the administrative county is also given in Table 1.

BIRTHS AND BIRTH-RATES.

The adjusted birth-rate for the administrative county, in accordance with the comparability factor (0.98) supplied by the Registrar General, is 17.9 per 1,000 population. Birth statistics for sanitary districts are shown in Table 1, Section H.

Hospital confinements comprised 65% of the total, the remaining 35% being domiciliary. Details of domiciliary and hospital confinements for the past five years are as follows :—

Year.	Percentage of Total Confinements.	
	Domiciliary.	Hospital.
1960	45	55
1961	44	56
1962	41	59
1963	39	61
1964	35	65

DEATHS AND DEATH-RATES.

The adjusted death-rate for the administrative county, in accordance with the comparability factor (1.22) supplied by the Registrar General, is 13.3 per 1,000 population.

The main causes of death in the administrative county were diseases of the heart and circulatory system (51.60%)—of which coronary disease figured prominently (22.05% of total deaths), all forms of cancer (18.10%) bronchitis (5.70%) and pneumonia (5.55%).

Table 2—Section H gives a comparison of the percentages of deaths in certain age groups from the beginning of the century and further mortality statistics are provided in Tables 1, 3, and 4—Section H.

INFANT MORTALITY.

A comparison of infant mortality statistics for the past ten years is given in Table 5—Section H together with similar comparisons of the rates for perinatal mortality, early neonatal mortality and infant mortality one week to one year. All show a steady decline.

VITAL STATISTICS 1945-64.

Comparative Population Statistics and Birth and Death Rates for the past 20 years are shown in graph form in Table 6, Section H.

SECTION B—NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21—HEALTH CENTRES

The two health centres at Peterlee and Stockton continued to operate satisfactorily during the year.

Plans for the proposed health centre on the Leam Lane Estate, Felling were prepared and submitted to the Ministry of Health. In order to incorporate a number of suggestions made by the Minister and to meet changes in circumstances which have occurred since the accommodation requirements were first set out the design had to be amended and new sketch plans were in the course of preparation at the end of the year.

A meeting was held with interested general practitioners to discuss the establishment of a health centre in Hebburn. No firm conclusion was reached regarding the number of surgery suites required but it is expected that further discussions will be held in the new year. Plans were also being prepared for a health centre in Dunston, providing surgery accommodation for a partnership of two general practitioners whose existing surgeries will be affected during the next few years in redevelopment proposals for this area.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

A. MATERNITY AND CHILD WELFARE CENTRES.

The building of five new welfare centres was completed in 1964 and the first sessions were held in the new premises as follows :—

Durham (Framwellgate Moor) ...	...	...	...	22nd January.
Ferryhill ...	...	...	...	29th May.
Jarrow (Primrose) ...	...	...	...	26th August.
Herrington ...	...	...	...	15th October.
Boldon ...	...	...	...	30th November.

These new buildings replaced centres which had been held in six rented premises.

A new centre was started at Cleadon in rented premises and an infant clinic was held there for the first time on 20th January. At the end of the year clinics were being held at 99 centres of which 48 were buildings either owned or used solely by the County Council.

1. *Survey of Welfare Centre Facilities.*

This survey completed during 1964 was carried out to determine how facilities might be improved in those areas where existing centres are inadequate or unsatisfactory and to consider future developments of this service. In assessing the needs of each area forecast population trends were considered in conjunction with attendances at the existing welfare centres also bearing in mind the need for closer integration of the local health authority service with other branches of the National Health Service, particularly the general practitioners' service.

The following is a summary of the report presented to the Maternity and Child Welfare Sub-Committee early in 1965 together with the recommendations all of which were approved.

(a) *Maternity Services.* Considerable changes have been occurring in the local authorities services as a result of the changing pattern of maternity and child welfare. In many areas general practitioners have completely taken over the care of expectant mothers and the local authority ante-natal clinics in these places have virtually ceased to exist. It is recognised that a great improvement in co-operation in the maternity services would be brought about if the general practitioners could hold their ante-natal clinics in the local authority centres (without any charge to the general practitioner) with the health visitor and midwife present. In areas where family doctors have not taken over this work the local health authority still has a responsibility to provide a supplementary service of ante-natal care.

Mothercraft talks and the teaching of relaxation and exercises for expectant mothers is an important part of health education which could be extended and arrangements have already been made for a further training course to be held for health visitors and midwives so that these classes can be held at more of the welfare centres. It is hoped that general practitioners will refer more of their ante-natal patients to these sessions.

(b) *Infant Welfare.* The demand for local authority infant welfare clinics is unlikely to diminish appreciably in the near future and there is a need to extend those aspects of the work which are clearly the responsibility of the local health authorities including health education and the use of screening techniques to detect at an early age abnormalities such as deafness and other congenital or developmental defects.

(c) *Premises.* The survey revealed that some existing centres meet the requirements of the area they serve, some could be modified while others require replacement by either static or mobile clinic facilities.

The replacement of unsatisfactory centres was considered under two headings :—

(1) *Purpose built centres*—where the present population or proposed development of the area and the usage of existing facilities justified a new building either of the following two types of static centre were suggested for future use :—

(a) Major centres in which child welfare and school clinics are combined and which include facilities for such specialities as eye examinations, audiometry, speech therapy, etc. serving areas having a population of about 20,000.

The provision of office accommodation in these centres for health visitors, social workers, mental welfare officers, area medical officers and area clerks is considered desirable where possible and it is also suggested that accommodation should be included in these schemes if any general practitioner indicates a desire to practice from a health centre.

(b) Minor centres providing child welfare facilities only for smaller centres of population and acting as satellite clinics to the major centre of the area.

In order to fulfil the pattern of major and minor centres thirteen new centres are required and these have been included in the ten year building programme but the needs of expanding areas such as the new towns of Netwon Aycliffe and Washington will have to be kept under review as an increase in their facilities may be necessary when the development plans have been prepared.

In areas where a static centre, if provided, would be used only once or twice a week it was not considered that new premises could be justified unless the building could be used for other County Council services or by general practitioners. The need for facilities in these areas will also be kept under review.

(2) *Mobile clinic*—at centres where sessions are held infrequently and attendances are too low to justify a static centre the use of a mobile clinic was considered. As waiting space in the caravan is limited it would still be necessary to have a hall for this purpose and for the sale of welfare foods. Parking space adjacent to the hall is essential and an electric power point to which the caravan could be connected would be desirable.

Replacement by a mobile clinic was recommended for fourteen centres where this type of facility would be a practical proposition and after the first year of operation it may be found that the mobile clinic could be used in other areas.

Summary of Recommendations.

1. That of the thirteen new welfare centres included in the ten year building programme eight should be major centres and five minor. Office accommodation for local health authority staff to be provided where appropriate and the inclusion or later addition of general practitioners' surgeries to be considered at the planning stage.

2. Fourteen existing centres to be replaced by a mobile clinic. The mobile clinic to be of the caravan type with towing vehicle.

3. Arrangements to be made for health visitors and other nursing staff to attend clinics held in general practitioners' surgeries when the staffing situation permits, to increase co-operation with family doctors.

4. That, in order to improve the co-ordination of services for the expectant mother, family doctors be allowed the free use of County Council owned clinic premises for the purpose of carrying out their own ante-natal clinics where this is appropriate.

2. Ante-natal Clinics.

The number of expectant mothers attending the local authority clinics for their ante-natal care continued to decline though the number of centres at which ante-natal sessions were held (26) was the same as the previous year.

In areas where attendances do not justify a regular specific session for this work, expectant mothers were seen during infant welfare sessions.

Details of attendances for the past three years are as follows :—

	1962	1963	1964
No. on clinic register	2,210	1,895	1,721
Total attendances	9,092	7,665	6,947
Average attendance per session	6	5	5

The following analysis relates to 1,681 of the expectant mothers who attended the ante-natal clinics :—

Duration of pregnancy at time of first attendance.

Under 3 months ...	293
3-6 months ...	1,047
6-9 months ...	341
Total	1,681

Age of patients.

Under 20 years ...	176
20-25 years ...	598
26-30 years ...	484
31-35 years ...	278
36-40 years ...	120
41+ years ...	25

Total **1,681**

Parity.

0	446	5	70
1	484	6	34
2	302	7	17
3	217	8	7
4	95	9+	9
		1,681	

Place of confinement.

Hospital ...	646
Home ...	476
	1,122
Left district ...	35
Not yet delivered ...	524
	1,681

3. Mothercraft and Relaxation Classes.

Arrangements were made towards the end of the year for a course of instruction in teaching exercises for expectant mothers to be held early in 1965 for the benefit of a number of health visitors and midwives. It is intended that the number of centres where these classes are held should be increased as soon as more trained staff are available.

Classes were held at thirteen welfare centres and details of the attendances compared with the previous year were as follows :—

	1963	1964
Mothers attending	505	729
Total attendances	2,716	4,056
Average attendance/session	5	8

4. *Post-Natal Clinics.*

Examination of mothers six weeks after confinement was carried out at welfare centres either at special sessions when advice on family planning is also available or at one of the other welfare centre sessions. The post-natal clinics held at twelve centres were attended by 123 mothers on 168 occasions and 130 examinations were carried out at other sessions.

5. *Child Welfare Clinics.*

Details of the attendances were :—

	1962	1963	1964
No. on clinic registers	29,317	29,309	32,528
Total attendances	153,922	145,861	162,099
Average attendance/session	26	24	26

6. *Mothers' Clubs.*

With the advice and help of the health visitors a number of these clubs are now being run by groups of mothers in the county. During the year two new clubs were started and there are now sixteen of them being held either fortnightly or monthly in welfare centres.

7. *Health Visitor Sessions.*

The success of these sessions at which the screening tests of hearing are carried out led to the extension of the practise to fourteen other welfare centres. It is often valuable for health visitors to be able to arrange to see mothers by appointment at these sessions where more time can be taken to discuss family problems and the care of the children. The total attendances at these sessions was 7,826 the average per session being eight.

8. *Birth Control Clinics.*

Advice on family planning was sought by 1,288 mothers at special sessions held in eighteen centres. The total attendances for 1964 was 3,244 compared with 3,522 in 1963.

9. *Artificial Sunlight Clinics.*

The number of centres where these sessions were held was 24 at the end of the year. The total of attendances was 5,736 and the following compares the figures for 1964 with those of previous years.

	1962	1963	1964
Patients treated	917	711	528
Total attendances	12,106	8,693	5,736
Number of sessions	2,180	1,725	1,582
Average attendance/session	6	5	4

10. *Congenital Malformations*

As requested by the Ministry of Health arrangements were made for the notification of congenital malformations apparent at birth with effect from the 1st January, 1964. Following consultations with the Local Medical Committee and Regional Hospital Board officers arrangements were made for members of the County Council nursing staff, after consultation with the general practitioner, and local maternity hospitals to notify cases of apparent congenital malformation.

Cases normally resident outside the county area are investigated and the relevant information forwarded to the appropriate local health authority. Similar arrangements are in being for cases occurring outside the administrative county area.

During the year 239 cases were added to the County Council register and appropriate notifications forwarded to the Registrar General. Notifications were also forwarded in respect of congenital malformations found in 52 still born children.

Together with those other children whose names are on the "At risk" register, these infants are visited regularly and advice given to parents.

11. *Welfare Foods.*

Members of voluntary committees continued to make a valuable contribution to the work of the department by accepting responsibility for the distribution of welfare foods at 70 centres. National dried milk and the vitamin preparations were obtainable from 128 centres including all child welfare clinics and 29 other premises.

The following statement shows the amounts issued during the year together with comparative figures for 1963 :—

						1963	1964
National dried milk (tins)	...	...	...	...	...	169,249	143,451
Orange juice (bottles)	...	...	...	...	...	118,916	124,906
Cod liver oil (bottles)	...	...	...	...	...	19,404	18,733
Vitamin tablets (packets)	...	...	...	...	...	9,643	9,803

B. DENTAL TREATMENT OF MOTHERS AND YOUNG CHILDREN.

Treatment for the priority dental service was carried out at twenty centres and at any of the six mobile vans. Two new vans have been put into commission since last year.

It will be noticed that the number of new cases for mothers has increased by ninety, but the number of pre-school children has fallen by seventeen. The number of fillings for mothers has increased and the number of extractions decreased which means that the mothers are coming to the clinics before their teeth are so carious that the only treatment possible is extraction.

As far as the pre-school children are concerned the fillings have decreased very slightly and the extractions increased, which unfortunately indicates that they are not coming to the clinic early enough.

It is hoped that a scheme for two or three year old children will be put into operation next year whereby birthday cards are sent out as a reminder to parents that the time has come for children to attend the dental clinic for examination.

Comparative attendance figures for 1962-64 were :—

	Mothers.			Children.		
	1962	1963	1964	1962	1963	1964
New cases examined	420	130	220	350	492	385
Treatments commenced	436	135	152	266	300	298
Patients made dentally fit	129	51	74	170	180	217
Scalings and gum treatments	94	41	67	13	15	19
Fillings	206	86	131	213	242	233
Silver nitrate treatment	1	—	—	102	152	156
Crowns or inlays	2	—	—	—	—	—
Extractions	584	160	153	271	296	514
General anaesthetics	41	15	29	77	97	149
Dentures provided :						
Full upper or lower	12	15	21	—	—	—
Partial upper or lower	5	9	15	—	—	—
Radiograph	3	2	2	5	—	—

C. CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

Unmarried expectant mothers are accommodated in appropriate cases at the County Council's mother and baby home, Smelt House, Howden-le-Wear, where there are 17 beds and 9 cots. The number of expectant mothers admitted during 1964 was 74 and the average length of stay was four weeks before confinement and three weeks after discharge from hospital.

When there were no vacancies at Smelt House and in cases where it was considered advisable that a mother should be accommodated elsewhere, other arrangements were made and for these reasons 25 expectant mothers were admitted to homes outside the county.

D. E. F. PEILE HOME, SHOTLEY BRIDGE.

This convalescent home, which is administered by the County Council, has accommodation for nine mothers with infants and 24 children.

During the year improvements have been made to the accommodation both of staff and residents and a considerable amount of redecoration and refurnishing has been carried out.

Recommendations for convalescence were made by general practitioners, assistant welfare medical officers, health visitors and hospital almoners and 126 mothers, 90 infants and 253 children were admitted during 1964. The average duration of stay was 22 days for mothers, 21 days in the case of infants and 25 days for children.

The E. F. Peile Home is approved by the Ministry of Health for the training of nursery nurses and three students were under training at the end of the year.

E. DAY NURSERIES.

The four day nurseries in the county are all approved for training purposes. A total of 220 places are available and details of the accommodation and average attendance at each establishment were as follows :—

<i>Nursery.</i>			<i>Number of Places.</i>	<i>Average Attendances.</i>
Haverton Hill	...	...	20	13
Hebburn	...	...	80	52
Stockton—				
(a) Durham Road	...	...	60	36
(b) Norton Road	...	...	60	35

F. COUNTY FEDERATION OF VOLUNTARY WORKERS.

Meetings were held on four occasions during the year. These meetings give an opportunity for members to exchange ideas and to hear of the work carried out in the county as a whole. Talks were given on the work of The E. F. Peile Convalescent Home by the Matron and on dental care of children by the Principal School Dental Officer.

G. PERINATAL MORTALITY.

An investigation first started in 1956 and continued annually in the Stanley and Consett Urban Districts into the circumstances of all still-births and early neonatal deaths and including post mortem examinations of the infants has continued and has also been carried out since 1963 in the Durham City and Brandon area. The results of these investigations are reported at meetings of general practitioners, hospital medical staff and local health authority medical officers in the area. Information on the cause of death, associated avoidable factors, etc. is provided and discussed.

The importance of adequate ante-natal care and proper selection of hospital cases becomes very obvious during these investigations. The co-operative effort between general practitioner, hospital and local health authority services is found to be very beneficial.

H. PREMATUREITY.

The number of premature live births fell in 1964 to 1,175 compared with 1,181 in the previous year. The proportion of all live births which were premature for the two years was 6.8% and 6.7% respectively.

More than half of the infants who died during the first year of life were premature and the majority of these deaths occurred during the first month.

The neonatal mortality rate of premature babies was 140.5 per 1,000 premature live births compared with a rate of 6.9 for mature infants.

Details of premature births according to place of delivery and birth weight are given below :—

Weight at Birth.	Born in Hospital.			Born at home or in a nursing home.					
				Nursed entirely at home or in a nursing home.			Transferred to hospital on or before 28th day.		
	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.
2 lb. 3 oz. or less ...	55	43	78	6	3	50	6	5	83
2 lb. 3 oz.— 3 lb. 4 oz. ...	76	36	47	4	—	—	11	2	18
3 lb. 4 oz.— 4 lb. 6 oz. ...	168	38	23	13	1	8	29	4	14
4 lb. 6 oz.— 4 lb. 15 oz. ...	187	15	8	25	1	4	18	1	6
4 lb. 15 oz.— 5 lb. 8 oz. ...	408	13	3	149	2	1	20	1	5
Totals ...	894	145	16	197	7	4	84	13	15

Care of Premature Infants Born at Home. Equipment for the home nursing of premature infants, including lined “ Sorrento ” cots, with mattress, blankets, sheets, hot water bottles, gamgee outfits and “ Belcroy ” feeders is available at short notice to any midwife who requires it.

There is a special unit for premature infants at the Richard Murray Hospital, Blackhill, and, if in other areas, institutional treatment is considered desirable the general practitioner arranges admission to a paediatric unit.

An incubator for the transport to hospital of premature babies is kept constantly warmed at the Ambulance Headquarters, Framwellgate Moor and arrangements are in operation for the use of incubators based at Newcastle upon Tyne ambulance depot and at certain hospitals in the county area.

I. MATERNAL MORTALITY.

The following are details of maternal mortality in the county during the past ten years :—

		<i>Births registered (live and still).</i>	<i>No. of Maternal deaths.</i>	<i>Maternal Mortality Rate. per 1,000 births registered.</i>
1955	...	16,128	7	0.50
1956	...	16,842	18	1.07
1957	...	17,506	7	0.40
1958	...	17,827	8	0.45
1959	...	17,384	6	0.35
1960	...	18,045	6	0.33
1961	...	17,806	5	0.28
1962	...	18,269	6	0.33
1963	...	17,983	4	0.22
1964	...	18,087	2	0.11

Both of the maternal deaths occurring during 1964 involved mothers in the 20 to 29 years age group. In one case the ante-natal care had been given by the general practitioner and midwife, in the other by the hospital staff. One death was due to eclampsia and the other to post abortion septicaemia. Neither child of the pregnancies survived.

SECTION 23—MIDWIFERY

(i) STAFF.

At the end of the year 119 district midwives and 26 district nurse-midwives, who spent approximately half their time on midwifery duties, were employed and relief work was undertaken by three midwives. Difficulties in recruitment resulted in a shortage of staff in certain areas and the services of four midwives were retained beyond normal retirement for this reason.

Car allowances were paid to 101 district midwives who used their own cars on duty.

The following numbers of midwives gave notice of intention to practice in the administrative county during the year :—

District midwives	...	...	...	...	130
District nurse-midwives	...	...	...	...	26
Midwives in hospitals	...	...	...	...	111
Midwives in private practice	...	...	...	...	8
					<hr/> 275 <hr/>

(ii) CASES.

Although domiciliary confinements continued to decrease more patients were discharged from hospital before the tenth day particularly those returning home within 48 hours of delivery.

	1963	1964
Domiciliary confinements during the year	6,976	6,339
Hospital patients discharged before the tenth day	3,783	4,847

It is recognised and accepted that if the maternal and peri-natal mortality and morbidity rates are to be reduced further, certain expectant mothers belonging to the “ high risk ” groups should be delivered in hospital where any complications occurring can be recognised and dealt with without delay.

Unfortunately, because of the shortage of hospital maternity beds it is at present quite impossible to achieve this objective and as an expedient greater use is being made of the available beds by discharging selected mothers earlier than the accustomed tenth day.

While this practice can be valuable it must be done in a controlled way and the following conditions observed :—

- (1) Good co-operation must exist between all sections of the maternity service—and there must be pre-planning, unity of purpose and continuity of care.
- (2) Selection of suitable mothers with their agreement must be as early as possible by the consultant, *after* account has been taken of the suitability of the home to receive mother and baby after 48 hours and that help is available. General practitioners, Local Health Authority and mother should be informed of this decision re possible early discharge.
- (3) A sound administrative system of informing general practitioners and midwives of the following days discharges should be instituted and information about the delivery should be provided.
- (4) Immediate readmission should be accepted without question if anything goes wrong.
- (5) There must be an adequate number of willing domiciliary midwives to cope with the extra work of more limited nature and sufficient home helps to assist the families.
- (6) Families must be aware that mothers, even though they are discharged after 48 hours, they are not fit to reaccept responsibility for running the home, shopping, etc.
- (7) There should be medical follow-up to ensure that the mother and baby have not been affected by the early discharge and that the scheme is working satisfactorily.

Premature babies born at home and discharged from hospital are cared for by the midwife and provided with special equipment.

In addition to reporting any abnormality in a mother or baby, details about infants considered to be “ at risk ” were notified to me so that these children could be registered and kept under supervision.

In order to improve the liaison in the domiciliary maternity services midwives continued to attend a number of ante-natal clinics held by general practitioners in their surgeries, and it was possible to make more of these arrangements during the year. In future general medical practitioners will be offered the free use of local authority clinic premises where appropriate.

Midwives were also present at the local authority ante-natal sessions and worked with health visitors as instructors at mothercraft and relaxation classes at child welfare centres in five areas of the county.

The following gives details of work undertaken during 1964 :—

	Doctor not booked.		Doctor booked.		Totals.	Discharges from hospital before 10th day.
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.		
District midwives and nurse-midwives... ..	15	117	1,141	4,998	6,271	4,847
Midwives in private practice ...	—	—	34	34	68	—
Total	15	117	1,175	5,032	6,339	4,847

The midwives requisitioned medical help on 2,094 occasions, and the following statement gives particulars as to the reasons for so doing :—

1. Ante-natal examination—general	...	...	...	...	...	...	30
2. Ante-natal examination—albuminuria	...	...	...	...	...	...	294
3. Threatened miscarriage	...	...	...	...	...	...	10
4. Miscarriage	...	...	...	...	...	...	24
5. Contracted pelvis, disproportion between child and pelvic outlet	...	...	...	...	...	...	6
6. Malpresentation	...	...	...	...	...	...	87
7. Ante-partum haemorrhage	...	...	...	...	...	...	84
8. Placenta praevia	...	...	...	...	...	...	—
9. Prolonged or delayed labour, uterine inertia	...	...	...	...	...	...	243
10. Post-partum haemorrhage	...	...	...	...	...	...	68
11. Retained or adherent placenta or membranes	...	...	...	...	...	...	49
12. Ruptured perineum	...	...	...	...	...	...	592
13. Premature birth	...	...	...	...	...	...	96
14. Puerperal pyrexia	...	...	...	...	...	...	44
15. Other conditions of mother	...	...	...	...	...	...	56
16. Inflammation of child's eyes	...	...	...	...	...	...	65
17. Congenital malformation	...	...	...	...	...	...	2
18. Other conditions of baby	...	...	...	...	...	...	52
19. Stillbirth	...	...	...	...	...	...	—
20. Neonatal death	...	...	...	...	...	...	1
21. Other reasons	...	...	...	...	...	...	291

(iii) COURSES AND TRAINING.

Lectures by senior nursing administrative staff were given to groups of pupil midwives, and domiciliary midwifery training continued under the supervision of ten teaching midwives. All of the 24 pupils were successful in Part II of the examination of the Central Midwives Board.

Post graduate courses were attended by 25 district midwives in accordance with the rule of the Central Midwives Board.

SECTION 24—HEALTH VISITING

Health visitors continued their work as health educators in the promotion of positive community health. Home visits were paid to advise mothers on matters concerning the health and welfare of their families with special regard to expectant and nursing mothers, pre school and school children, those suffering from or in contact with tuberculosis and the aged and infirm. Supervisory visits were also made to patients discharged from hospital, and to mentally subnormal persons in the community.

Special emphasis was given to the follow up of children with congenital abnormalities both physical and mental and to various other groups "at risk" and enquiry was made concerning stillbirths and deaths of children from prematurity, pneumonia, bronchitis and accident.

Co-operation was continued with moral welfare workers in the care of the unmarried mother and her child and with the children's officer in the boarding out and adoption of children.

Intensive visiting and in certain instances attendance at case conferences, was necessary to prevent the break up of a number of families. Assistance was frequently obtained for these families from various statutory and voluntary organisations.

HEALTH EDUCATION.

In addition to individual health teaching in the home and group discussions in child welfare centres, a number of health days were held at the centres throughout the county when special topics were chosen and presented to the public by demonstrations, talks and films. These health days were well attended. Talks were given to various professional and other groups and health visitors were active in 16 mothers clubs during the year. The series of talks on mothercraft were continued in the Boldon Modern Girls' School throughout the year and mothercraft and relaxation classes for expectant mothers continued to flourish. Arrangements were made for the training of more staff so that this service can be extended.

Three health visitors continued to carry out duties in regard to venereal disease, contact tracing and health education was undertaken with the assistance of the area health visitors. There has been, by public request, more discussion during the year on this topic.

IMMUNISATION AND VACCINATION.

A good deal of time was spent in carrying out immunisation and vaccination programmes. The scheme for the heaf testing and follow up of school entrants continued throughout the year.

SCREENING TESTS FOR PHENYLKETONURIA.

Screening tests were carried out in 14,281 cases. There were no confirmed cases of phenylketonuria during the year.

DETECTION OF HEARING DEFECTS IN YOUNG CHILDREN.

A further course of instruction to health visitors was conducted during the year by members of the staff of the Department of Audiology and Education of the Deaf, University of Manchester at Bede College, Durham on the "Early Detection of Hearing Defects". 55 county health visitors attended as well as a number of health visitors from neighbouring authorities. This enabled arrangements to be made for addition sessions in child welfare centres for the early ascertainment of deafness in young children.

THE MENTALLY SUBNORMAL.

Health visitors continued to visit and advise the mentally subnormal in their own homes. The supervision of a number of adults was taken over during the year by mental welfare officers.

TUBERCULOSIS.

Health visitors continued to pay home visits to tuberculous persons and their families although there was a reduction in the number of cases needing domiciliary supervision during the year. Contacts were advised on the prevention of the spread of infection. Health visitors continued to attend the chest clinics and this provided an opportunity for discussion with the chest physicians. Tuberculin testing (heaf tests) was carried out by the health visitor in chest clinics and in schools. As a trial special schemes were operated in the Durham and Felling areas where contacts were heaf tested by the health visitor in their own homes. Assistance was given with B.C.G. vaccination and follow up. Advice was given in the case of tuberculous families requiring the service of home helps.

HEALTH VISITOR/GENERAL PRACTITIONER LIAISON SCHEME.

The health visiting staff worked continually to improve liaison with general practitioners. During the year the number of health visitors attending general practitioners' surgeries increased to 19. Discussions were particularly valuable in the care of patients discharged from hospital and in the care of the aged. Specific help was given in health education to expectant and nursing mothers.

HOSPITAL FOLLOW UP.

There was increasing liaison with medical staffs and almoners in all types of hospitals and health visitors investigated the social and medical aspects of patients prior to and after discharge into the community. During the year arrangements continued whereby health visitors attended weekly ward rounds and outpatient clinics at the Durham Roads Children's Hospital, Stockton-on-Tees and at the South Shields General Hospital Paediatric Clinic. Because of a shortage of maternity beds for admission on social grounds, health visitors have investigated numerous ante natal cases in all areas of the county. Many of these expectant mothers were working which necessitated a good deal of evening work.

THE AGED.

The time needed for visiting the aged and maintaining them in their own homes to keep them healthy and ambulant continued to increase. Once an aged person has been considered suitable for admission to a local Authority Hostel, health visitors visit periodically during the waiting period and report any change of circumstances. They also advise regarding the suitability of old people for such services as meals on wheels, laundry service, medical aids and equipment and convalescent holidays. Liaison was maintained with almoners regarding the social welfare of patients admitted to or discharged from hospital.

SUMMARY OF THE WORK DONE BY HEALTH VISITORS.

The work of the health visitors for 1963 and 1964 is summarised below.

										1963	1964
Maternity and Child Welfare :—											
Ante-Natal First visits	...	...	...	...	...	...	...	...	...	4,735	5,606
Revisits	...	...	...	...	...	...	...	...	...	2,263	2,791
Births First visits	...	...	...	...	...	...	...	...	...	17,528	18,496
Revisits to children under 1 year	...	...	...	...	...	...	...	...	...	50,436	54,231
Revisits to children 1-2 years	...	...	...	...	...	...	...	...	...	37,548	40,778
Revisits to children 2-3 years	...	...	...	...	...	...	...	...	...	34,471	38,420
Revisits to children 3-4 years	...	...	...	...	...	...	...	...	...	31,898	34,566
Revisits to children 4-5 years	...	...	...	...	...	...	...	...	...	35,383	36,146
Revisits to children 5-6 years	...	...	...	...	...	...	...	...	...	1,031	77
Other visits	...	...	...	...	...	...	...	...	...	7,513	6,183
Total										<u>222,806</u>	<u>237,294</u>
Tuberculosis :—											
First visits	...	...	...	...	...	...	...	...	...	596	503
Revisits	...	...	...	...	...	...	...	...	...	6,778	5,742
Other visits	...	...	...	...	...	...	...	...	...	667	1,120
Total										<u>8,041</u>	<u>7,365</u>
School Work :—											
School Children (Home visits)	...	...	...	...	...	...	...	...	...	15,947	15,226
School Children (School visits)	...	...	...	...	...	...	...	...	...	1,308	1,667
Total										<u>17,255</u>	<u>16,893</u>
General Health :—											
Visits	...	...	...	...	...	...	...	...	...	5,024	6,557
Mental Subnormality :—											
Visits paid to mentally subnormal persons	...	...	...	...	...	...	...	...	...	6,367	5,772
Aged People :—											
Visits	...	...	...	...	...	...	...	...	...	26,046	25,767
Summary :—											
Number of effective visits	...	...	...	...	...	...	...	...	...	285,539	299,648
Ineffective visits	...	...	...	...	...	...	...	...	...	33,682	38,637
Total number of visits	...	...	...	...	...	...	...	...	...	319,221	338,285
Time (as days) spent on visits (routine, other and ineffective)	...	...	...	...	...	...	...	...	...	14,414	15,216

STAFF.

At the end of the year the health visiting staff numbered 114 including two working part-time only. Staffing remained much below establishment during the year. Health visitors with cars were able to assist in partially covering more than twenty vacant areas and staff are to be commended for so willingly undertaking the many extra tasks given them. The recruitment rate in the service is very low.

HEALTH VISITORS TRAINING SCHOOL.

All ten students in training were successful in obtaining the Health Visitor's Certificate at the first attempt.

SECTION 25—HOME NURSING

(i) STAFF.

In addition to 118 whole-time district nurses on the staff at the end of 1964 there were 26 district nurse-midwives who spent approximately half their time on home nursing duties. A further 41 nurses were employed on relief work during the year.

At the end of the year 90 nurses and 21 nurse-midwives were authorised car users.

(ii) CASES.

The total number of cases dealt with and visits paid by home nurses during 1964 showed little change from the previous year. Of the total case load 47% were over 65 years of age and this group received 56.9% of the visits paid. Maternal complications requiring the visit of a home nurse again showed some increase.

The "Night Sitters" service for cancer patients in the terminal stages of their illness established last year with the financial support of the Marie Curie Memorial Foundation was extended during 1964.

Help has continued to be given in the form of grants of money for extra nourishment through the Foundation.

Good liaison between nurses and general practitioners was maintained and there were more contacts with almoners in the care of patients discharged from hospitals.

(iii) COURSES AND TRAINING.

Student nurses from Shotley Bridge General Hospital, Bishop Auckland General Hospital and Dryburn Hospital accompanied home nurses for observation visits on the district as a part of their training and lectures on home nursing were given to them and also to student nurses at Sedgefield General Hospital by senior nursing administrative staff.

Six district nurses were seconded to the training school at Newcastle upon Tyne for district nursing training four of whom were successful in passing the examination.

Home Nursing statistics are given in Table 7—Section H.

SECTION 26—VACCINATION AND IMMUNISATION

SMALLPOX, DIPHTHERIA AND WHOOPING COUGH.

Leaflets drawing attention to the need for children to be protected against smallpox, diphtheria and whooping cough are sent to parents by post when their children attain the age of three months. Further leaflets regarding smallpox vaccination and diphtheria immunisation are despatched when children are one year old. These leaflets give details of the facilities available for vaccination and immunisation and urge parents to have their children protected against smallpox, diphtheria and whooping cough.

The health visitors are supplied with details of the vaccination and immunisation state of children in their areas so that they may, during their routine visiting, encourage parents to take advantage of the facilities. Advice is also given by assistant welfare medical officers and health visitors at child welfare centres.

The vaccinations and immunisations are carried out by the general practitioners at their surgeries and by the assistant welfare medical officers at child welfare centres.

During the year diphtheria immunisation schemes were undertaken in infant and junior schools in most parts of the County.

Tables 8, 9 and 10, Section H, give details of the numbers of children vaccinated and immunised in the County throughout the year.

POLIOMYELITIS VACCINATION.

When the children attain the age of three months parents receive leaflets drawing attention to the need for their children to be protected against poliomyelitis. These vaccinations are carried out by the general practitioners at their surgeries, or by the assistant welfare medical officers at child welfare centres. At the end of the year 371,907 persons had received a primary course of two injections of "salk" vaccine or three doses of "sabin" oral vaccine. Of those vaccinated with "salk" vaccine 251,784 had received a third reinforcing dose of vaccine, while 178,188 had received a fourth reinforcing vaccination with either "salk" or "sabin" vaccine. Table 11 gives details of the poliomyelitis vaccinations carried out during the year.

SCHEDULE OF VACCINATION AND IMMUNISATION.

The following is the schedule of Vaccination and Immunisation in use in the county.

Age.	Vaccine.							Interval.	
3rd month	...	Triple (diphtheria, tetanus and pertussis)			...	...	(1st)	4 weeks	
4th month	...	Triple (diphtheria, tetanus and pertussis)			...	...	(2nd)		
5th month	...	Triple (diphtheria, tetanus and pertussis)			...	...	(3rd)		
6th month	...	Poliomyelitis oral			...	...	...	(1st)	4 weeks
7th month	...	Poliomyelitis oral			...	...	...	(2nd)	
8th month	...	Poliomyelitis oral			...	...	...	(3rd)	
12th-24th	...	Smallpox vaccination.							
18th month	...	Triple (diphtheria, tetanus and pertussis)			...	...	1st booster		
5th year	...	Diphtheria and tetanus			...	...	...	2nd booster	
		Poliomyelitis oral			...	...	...	1st booster	
9th year	...	Diphtheria and tetanus			...	...	...	3rd booster	
		Smallpox (re-vaccination)							
11th year	...	B.C.G. (tuberculosis vaccine)							

SECTION 27—AMBULANCE SERVICE

1. PRESENT ARRANGEMENTS.

The service operates by means of a central control at Framwellgate Moor, Durham City, two subsidiary message receiving centres, 19 ambulance depots, 117 ambulance vehicles and 327 staff.

These are distributed as follows :—

(a) Headquarters and Central Control Staff.

Ambulance officer.	6 control room assistants.
4 Staff officers (1 for civil defence training).	5 telephonists.
Maintenance officer.	Radio operator.
4 control room supervisors.	Switchboard operator.

(b) Depots.

	Driving Staff.	Vehicles.		Driving Staff.	Vehicles.
Barnard Castle ...	2	1	New Herrington ...	24	6
Bishop Auckland ...	30	9	Newton Aycliffe...	2	1
Chester-le-Street ...	12	6	Seaham ...	8	4
Consett ...	12	6	Stanley ...	28	8
Crook ...	8	6	St. John's Chapel ...	2	1
Durham ...	40	14	Stockton ...	29	10
Fishburn ...	10	6	Washington ...	7	5
Hartlepool ...	5	1	Wheatley Hill ...	32	11
Hebburn ...	30	10	Winlaton ...	9	5
Middleton-in-Teesdale	2	1			

(c) Other Staff.

3 liaison officers.	5 depot telephonists.	4 mechanics.
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To ensure that peripheral parts of the county are covered for emergency purposes the County Council has arrangements with the County Boroughs of Darlington, Hartlepool and South Shields, whereby the Borough ambulance services undertake journeys for the County Council a charge being made to the County Council. The charges made are on a mileage basis with a minimum call-out fee in each case.

2. WORK UNDERTAKEN IN 1963.

Year.	No. of Journeys made.	No. of patients carried.			Total Mileage covered.
		Stretcher cases.	Sitting cases.	Total.	
1963 ...	95,865	57,152	326,217	383,369	2,554,115
1964	97,714	54,275	356,874	411,149	2,629,853
Increase ...	1,849	—	30,657	27,780	75,738
Decrease ...	—	2,877	—	—	—

Long Distance Journeys. The following is a statement of long distance journeys undertaken during the year :—

Cambridgeshire	1	Kent	1
Cumberland	33	Lancashire	5
Derbyshire	1	Leicester	2
Essex	6	Nottinghamshire	5
Isle of Ely... ..	1	Yorkshire	52
		Scotland	4

Totals :	Journeys	...	...	111
	Mileage	...	...	24,075

In addition to the long distance journeys undertaken by ambulances, arrangements were made for 115 patients to be transported by rail. Trends and detailed statistics from 1948 are shown in Table 12—Section H.

In accordance with the approved recommendations following the survey of the ambulance service last year, orders were placed for 32 conventional and two dual purpose ambulances. Nine conventional ambulances were received by the end of the year. A number of vehicles have been repainted with new colours of cream and millet.

At the end of the year there were 117 vehicles operating, five more than at the end of 1963 and 3 below establishment.

				<i>Ambulances</i> <i>Conventional.</i>	<i>Light</i> <i>Sitting-case</i> <i>vehicles.</i>	<i>Cars.</i>
Number of vehicles at beginning of year	...	...	...	92	18	2
Unserviceable and withdrawn during the year	...	...	...	3	—	2
New vehicles	...	...	...	10	—	—
Number of vehicles at end of year	...	...	...	99	18	—

Four mechanics are employed and operate from repair units located at Crook, Durham and Stanley. Major repairs are carried out at the Central Repair Depot of the Highways and Bridges Committee.

The installation of new radios for all ambulances commenced during the year and a modified form of a more centralised Control was introduced.

Casual labour was again recruited to provide temporary driver-attendants during the holiday period of the permanent driving staff.

Liaison was maintained throughout the year with trade union representatives regarding staff working conditions and amenities generally.

The arrangement entered into with the National Coal Board for emergency ambulance cover at week-ends was extended for another year.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

I. TUBERCULOSIS.

A. The majority of chest physicians report little change in the tuberculosis situation but Dr. Rooze again stresses that the problem of tuberculosis in particular and chest diseases in general still remains a matter for concern in the Jarrow and Hebburn areas. Unfortunately, according to the Chest Physician, the street to street mass x-ray of the area has not met with the co-operation desired.

B. *B.C.G. Vaccination.*

Routine vaccination is carried out by the chest physicians at the chest clinics and during the year 1,997 contacts were skin tested and 1,332 vaccinated.

Tuberculin testing and vaccination of all schoolchildren aged 11 years and upwards is arranged annually by the assistant county medical officers. During the year 11,975 school children were skin tested, 8.94% were found to be tuberculin positive and 9,962 were vaccinated.

119 students attending further education establishments were skin tested and 84 were vaccinated.

C. *Tuberculin Testing of School Entrants.*

To make the school medical examination of children entering school even more complete and comprehensive a scheme was commenced in September, 1963 to tuberculin test school entrants to indicate if they have been in contact with a case of tuberculosis. The scheme was continued during 1964. The tuberculin skin testing is carried out by the health visiting staff of the department one week prior to the scheduled medical examinations and the result of the test is read by the school medical officer at the medical examinations. During the year 178 schools were visited, 3,751 children were skin tested and 56 (1.5%) were found to be tuberculin positive and referred to a chest physician for further investigation. Of these four were notified as new cases of tuberculosis.

Contacts of all tuberculous positive cases were investigated and one of these was found to have tuberculosis.

D. *Occupational and Diversional Therapy.*

No occupational therapist is directly employed solely for the tuberculous but the staff dealing with the handicapped persons were available during the year. Use was made whenever possible of help which could be obtained from the National Assistance Board, Ministry of Pensions and voluntary agencies such as care committees and the British Red Cross.

E. *Incidence and Mortality.*

The number of primary notifications of respiratory tuberculosis received during the year was 322 and of non-respiratory tuberculosis 65, compared with 352 and 58 respectively in 1963. (See tables 13, and 14—Section H). The total notifications for the year (387) show a reduction of 23 compared with 1963 and give an incidence rate for all forms of tuberculosis of 0.40 per 1,000 population, the rate for 1963 being 0.42.

Tables 15 and 16—Section H give the number of deaths from respiratory and non-respiratory tuberculosis under relevant age periods and in separate county districts and areas.

The number of deaths from respiratory tuberculosis (60) has increased by six. Deaths from non-respiratory tuberculosis (4) showed a decrease of one compared with 1963.

Tables 17 and 18—Section H give details of the incidence of tuberculosis since 1935. It will be noted that in 1964 the lowest number of new cases of respiratory tuberculosis was recorded.

Comparisons of the respiratory tuberculosis death-rate for the years 1960-1964 are shown below :—

<i>Rate per 1,000 living.</i>				1960	1961	1962	1963	1964
Municipal Boroughs in the County	...	...	...	0.11	0.09	0.04	0.07	0.05
Urban Districts	...	...	...	0.09	0.07	0.06	0.04	0.07
Rural Districts	...	...	...	0.10	0.08	0.06	0.07	0.06
Administrative County	...	...	...	0.09	0.08	0.06*	0.06*	0.06*
England and Wales	...	...	...	0.07	0.07	0.06	0.06	0.05†

* This death-rate of 0.06 per 1,000 population is the lowest on record for this administrative county.

† Provisional.

II. VENEREAL DISEASES.

The venereal diseases treatment centres are administered by hospital management committees and the figures in Table 19,—Section H have been compiled from returns submitted by hospitals where such clinics are held, and are in respect of patients from the administrative county who attended during the year.

Social work continued to be undertaken by three health visitors as a normal part of their duties and the following is a summary of the work done during the year :—

Contacts.		Defaulters.		Others.		Total.	
Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.
7	47	14	60	12	5	33	164

III. CANCER.

Table 20 of Section H gives the number of cancer deaths in each sanitary district during 1964 tabulated to show the organs affected together with the sex and age incidence. The following are comparative statistics in respect of total cancer mortality (including lung cancer) for the administrative county and England and Wales for the past ten years.

YEAR.	DURHAM COUNTY.		ENGLAND AND WALES.	
	Deaths.	Death-rate	Deaths	Death-rate
1955	1,811	1.98	91,340	2.06
1956	1,852	2.01	92,710	2.08
1957	1,786	1.92	94,017	2.09
1958	1,807	1.93	95,804	2.12
1959	1,921	2.04	97,116	2.14
1960	1,895	1.99	98,749	2.16
1961	1,895	1.98	99,914	2.16
1962	2,002	2.08	101,599	2.18
1963	1,941	2.00	102,380	2.18
1964	1,912	1.97	*104,698	2.21

* Provisional.

Cancer of the lung, especially in males, has shown the only real increase in recent years. This is shown in the following mortality rates for the County.

Year.	Deaths.			Total Death-Rate per 1,000 population.
	Males.	Females.	Total.	
1955	269	41	310	0.34
1956	265	38	303	0.33
1957	290	45	335	0.36
1958	310	59	369	0.39
1959	345	56	401	0.42
1960	320	47	367	0.39
1961	355	47	402	0.42
1962	394	67	461	0.48
1963	405	52	457	0.47
1964	422	58	480	0.49

Relationship with Cigarette Smoking.

In recent years there have been numerous reports on the relationship between cigarette smoking and lung cancer.

The following are the main conclusions drawn from these reports :—

- (a) The death-rate from lung cancer increases with the average number of cigarettes smoked. In the survey of British doctors it was found that the death-rate from lung cancer for non-smokers was 0.07 per 1,000 compared with 0.93 in cigarette smokers and 2.23 in smokers of more than 25 cigarettes per day.
- (b) Mortality rates in different countries are closely related to cigarette consumption 20 years earlier
- (c) There is a rapid decline in mortality from lung cancer in persons who cease to smoke cigarettes.
- (d) Persons who inhale smoke have a higher mortality rate than those who do not.

It is significant that during the past 10 years at least 30% of British doctors who used to smoke cigarettes have stopped. The lung cancer mortality has declined by 7% while it has risen over the same period by 22% in the general population.

Madam Curie Foundation.

In addition to acting as agents for the "Night Sitter" Service the County Council also acted for the Madam Curie Memorial Foundation in the provision of extra nourishment and clothing for cancer patients.

IV. NURSING EQUIPMENT.

A central store of appliances is maintained in the Health Department and a local store of smaller articles of equipment at Hartlepool. Stores are also maintained at Easington and Stockton. Issues are made on the recommendation of a doctor, health visitor, district nurse or almoner. District nurses are notified of all patients in their districts who have equipment on loan and they maintain a general supervision, notifying the Health Department when the equipment is no longer required.

Liaison with almoners of the hospitals receiving patients from the administrative county is maintained. Special attention is given to those cases of paraplegia and no charge is made to them for equipment supplied.

Over 50 different items including patients lifting hoists were provided during the year.

V. CONVALESCENT HOMES.

During the year arrangements were made, on medical recommendation, for the admission of 31 county patients to convalescent homes for recuperative holidays as follows :—

The Convalescent Home, Silloth	4	Rose Joicey Home, Whitburn	...	27
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In 19 instances the County Council was responsible for the full maintenance charges and in the remaining twelve cases contributions were required from the patients or their families.

Twenty other patients, after arrangements were made, cancelled their applications for various reasons.

VI. HEALTH EDUCATION.

An increasing amount of selected leaflets and posters were made available to support the health education work of the health visitors. The demand for films particularly those of interest to expectant mothers also showed a marked upward trend and it is expected that this expansion of the health education activities in the County will increase more rapidly as a source of information, display materials and equipment is built up in the new health education section in the department.

The health education organiser was appointed late in the year to commence duty at the beginning of 1965. His duties in the first instance will be to study the existing activities in this field in the County in order to determine the ways in which his section can best assist those engaged in this work. Another function of the section will be to organise in service training courses for newly appointed staff and for special groups in the department.

In addition to the use of leaflets and posters in the continuing effort to increase awareness of the dangers of cigarette smoking, all mail leaving the health department was franked with the slogan "Smoking takes your money and your health" for short periods during the latter part of the year. It is intended that health education on special subjects such as smoking and health and venereal disease will be co-ordinated in time and content throughout the County by the health education section and it is hoped that this will lead to better response to the propaganda. On the latter subject, posters warning of the dangers of venereal disease were displayed and with the co-operation of Head Postmasters, the addresses of local venereal disease clinics were included on the list of local addresses of departments and organisations displayed in post offices.

VII. CHIROPODY.

The chiropody services for the elderly provided by voluntary organisations with financial assistance, from the County Council continued to expand throughout the year. Grants were made to a further 21 schemes and the position at the end of 1964 was as follows :—

Number of centres subsidised by the County Council	...	...	...	...	42
Number of centres known to be operating independently	...	...	...	...	*13

(*At the end of the year applications for grants from 10 of these schemes were being considered).

Originally in the majority of these schemes, a small charge for treatment was made to the patient and the cost of the service, after allowing for this and any income from other sources, was covered by the grant from the County Council. In anticipation of the Council's directly provided service, which was to be free of charge, voluntary organisations were invited to abolish charges as from 1st August, 1964, and the majority of these schemes are now free.

With a view to assisting organisations to provide a better service, the Health Committee decided during the year to provide on free loan certain items of equipment such as chiropody chairs, dressings trolleys and adjustable lamps to those schemes holding frequent sessions.

Efforts to obtain the services of whole-time chiropodists continued and two were appointed late in the year. One took up duty in December and the second was available at the beginning of 1965. Initially, directly provided clinics will be held in maternity and child welfare centres, two having been introduced in December. In order to provide a service for old people in communities where suitable premises do not exist, the Health Committee agreed to the purchase of a mobile chiropody clinic which was available early in 1965.

The majority of the Council's hostels for the elderly continue to be visited by chiropodists employed on a sessional basis but, with the appointment of the full-time chiropodists, it was possible to ensure that treatment was available to the residents of those hostels where the services of visiting chiropodists have not been available hitherto.

The following statistics show the general development of the service during the year. The overall number of treatments, totalling 31,496 is an increase of 12,201 over the 1963 figure.

(a) *Schemes provided by voluntary organisations.*

More than 1 per week.	Weekly.	3 per month.	Fort-nightly.	Every 3 weeks.	Monthly.	Less than 1 per month.	As required.
9	11	4	6	1	21	1	2

Number of chiropodists employed 22

Method of remunerating chiropodists :—

(a) Sessional basis 45

(b) Per capita basis 10

Premises at which treatment is provided :—

Solely at centres 41

Solely at surgeries 4

Solely domiciliary 1

Partly centre and domiciliary 8

Partly surgery and domiciliary 1

Treatments provided during 1964 :—

(a) Old people 23,541

(b) Handicapped persons 53

Total number of persons treated during 1963 :—

(a) Old people 7,581

(b) Handicapped persons 15

(b) *Directly provided service (introduced December, 1964) :—*

Whole-time chiropodists 1

Centres 2

Treatment provided 18

Number of persons treated 18

(c) *Services provided by Stockton Municipal Borough and Easington Rural District Councils under delegated functions :—*

	Stockton.		Easington.	
Chiropodist(s) employed	...	2 part-time. Two sessions each per week.	1 whole-time.	
Centres at which treatment is provided	...	2	7 with weekly sessions 1 with fortnightly sessions.	
Treatment provided—1964	...	1,159	3,873	
Persons treated—1964	...	234	720	
Domiciliary treatments	...	No.	Yes.	
Voluntary organisations providing services	...	Yes, but not subsidised.	No.	

(d) *Treatment provided at hostels for the elderly :—*

	<i>By sessionally employed chiropodists.</i>	<i>Direct service (from December, 1964</i>
Hostels at which organised treatment was provided	19	6
Number of treatments provided	2,666	102

(e) During 1964, grants amounting to £3,168. 10s. 6d., were made to voluntary organisations bringing the total expenditure since mid-1963 to £6,062. 19s. 0d.

VIII. PROVISION OF INCONTINENCE PADS.

After a trial period of three months during which time different types of incontinence pads were tried to select the most suitable size and design, the pads were made generally available in August for cases where a severe laundry problem existed either through shortage of bed linen or the heavy burden of washing on the household. Two sizes of pads 30" x 20" and 24" x 16 $\frac{3}{4}$ " were obtained for general use and another more absorbent pad of the smaller size was provided for the completely incontinent patient. The existence of the service was made known to all general practitioners and home nurses, and district councils were asked to assist in disposal of soiled pads if the need arose.

The demand was small initially but increased steadily towards the end of the year. Soiled pads were burnt in the home and no problems of disposal have been encountered so far. In three areas the district council is willing to arrange for incineration if necessary. By the end of the year over 4,700 pads had been issued to 57 cases.

SECTION 29—DOMESTIC HELP SERVICE

The demand for the service showed a further increase in 1964 and a greater number of households were provided with help than previously. The elderly and infirm comprised 89.0% of those receiving assistance and amongst the remainder were several families with special problems six of whom were still receiving help at the end of the year.

ORGANISATION.

Apart from the delegated areas of Easington and Stockton the County is divided into thirteen areas, each supervised by an assistant organiser who engages and places the home helps. The assistant organiser investigates applications for help which are received from general practitioners, hospital and local authorities' medical and nursing staff and officers of other statutory and voluntary bodies, and also makes regular visits to the houses where helpers are employed to ascertain any changes in the circumstances and to ensure efficient deployment of staff to assist those with the greatest need.

Talks about the service were given on three occasions.

HOME HELPS.

The home helps are a body of practical social workers, with experience in running a home, care of the elderly and management of children. They comfort and counsel the people they serve and are encouraged to have a cheerful and optimistic outlook as well as sympathetic understanding of the needs of the elderly. Helpers attending cases of tuberculosis are tuberculin tested and have a chest x-ray when they are assigned to the case and annually thereafter, so long as they are in contact with the disease.

CHARGES.

The charge for the service was 5/2d. per hour at the end of December but the amount payable was reduced in accordance with the scale of charges which takes into account the ability of the family or individual to pay. 93% of the total cases receive a free service.

COST.

The estimated cost of the service for the financial year, 1964/65, was £394,000—£397 per 1,000 population. Although costly it is a most valuable community service, frequently making the difference between hostel or hospital admission and independence and continuing life in the community. Its more intangible value of dispelling loneliness, providing advice, support and the early ascertainment of specific needs is beyond question.

The following is a summary of the work accomplished :—

Cases being assisted at 1st January, 1964	...	...	...	...	...	...	5,410
*New cases assisted during the year	...	...	...	...	...	...	2,504
Total number of cases assisted during year	...	...	...	...	...	...	7,914
Cases terminated	...	...	...	...	...	...	2,056
Cases being assisted at 31st December, 1964	...	...	...	...	...	...	5,858
Cases on waiting list at 31st December, 1964	...	...	...	...	...	...	192
Visits paid by Assistant Organisers	...	...	...	...	...	...	66,589
Number of domestic helps employed at end of year (part-time)	...	...	...	...	...	...	2,911

* Includes 506 cases which ceased and recommenced later in the year.

Types of Case Assisted during the year.

	<i>Percentage of Total.</i>
Maternity (including expectant mothers)...	1.5
Tuberculosis	0.6
Chronic sick (including aged and infirm)	96.3
Others	1.6

MENTAL HEALTH

ADMINISTRATION.

(a) The Mental Health Sub-Committee of the County Health Committee is responsible for the administration of the Mental Health Service.

(b) *Staff :—*

Mental Health Executive Officer	...	...	...	...	...	...	...	1
Mental Welfare Officers	...	...	...	...	...	...	...	18
Supervisors, Junior Training Centres	...	...	...	...	...	...	...	7
Assistant Supervisors, Junior Training Centres	...	...	...	...	...	...	...	13
Trainee Assistant Supervisors, Training Centres	...	...	...	...	...	...	...	12
Warden/Manager, Residential Adult Training Centres	...	...	...	...	...	...	...	1
Matron, Residential Adult Training Centre	...	...	...	...	...	...	...	1
Craft Instructors (male), Residential Adult Training Centre	...	...	...	...	...	...	...	3
Adult Training Centres	...	...	...	...	...	...	...	5
Assistant Matron, Residential Adult Training Centres	...	...	...	...	...	...	...	1
Superintendent (male), Adult Training Centre	...	...	...	...	...	...	...	3
Assistant Superintendent (female), Adult Training Centres	...	...	...	...	...	...	...	3
Workroom Mistresses, Adult Training Centres	...	...	...	...	...	...	...	4

There has been excellent co-operation with hospital consultants and a number of cases have been referred to hospital out-patient clinics for assessments and advice regarding future treatment and training. From May, 1964, the Department has had the part-time services of Dr. M. R. Walley, Consultant Psychiatrist who has advised on a number of difficult cases. School medical officers carried out the routine annual medical examinations of all those attending training centres.

During the year, two additional male and one additional female mental welfare officers were appointed. One of the former being to replace an officer seconded for further training, and the female officer mainly for duties in respect of the mentally subnormal. One mental welfare officer was seconded to take a two year course leading to the Certificate in Social Work at the College of Commerce, Newcastle upon Tyne.

Two newly appointed officers attended a two week residential course organised by the National Association for Mental Health in conjunction with the Department of Adult Education and Extra Mural Studies, University of Leeds. One supervisor and one assistant supervisor completed the National Association for Mental Health one year Diploma Course.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

1. *In relation to Mentally Sub-normal Persons.*

(a) *Ascertainment.* Cases are notified by school medical officers, child welfare medical officers, private practitioners, hospital staff, health visitors and social workers. As previously stated considerable use was made of hospital out-patient facilities for the diagnosis of mental subnormality, and consultant's advice on prognosis and disposal. A scheme brought into operation in 1960 for routine testing of all infants born in the county to detect cases of phenylketonuria has been continued throughout the year.

(b) Under the provisions of the Education Act, 1944, the local education authority made the following notifications to the local health authority under Section 57.

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Children considered unsuitable for education within the school system	...	38	32
Children who require further supervision after leaving school	...	6	6
			70
			12

(c) On the 31st December, 1964, there were 3,681 mentally subnormal persons on the register giving an ascertainment figure of 3.79 per 1,000 population in the administrative county area.

During the year 171 cases were added to the County Council register compared with 148 during 1963

(d) *Supervision* :—The supervision of mentally subnormal persons has continued to be carried out to a large extent by health visitors who made 5,772 visits during the year. However, the practice of referring adult male subnormals to mental welfare officers has been continued and it is intended that this procedure will be extended.

(e) *Guardianship* :—There are no guardianship cases in the county at present.

(f) *Junior Training Centres for Mentally Subnormal Persons* :—The number of pupils receiving training at Junior Training Centres on the 31st December was as follows :—

<i>Centre.</i>	<i>No. of Pupils.</i>
Bishop Auckland	47
Consett	33
Durham Junior	34
Hebburn	49
Newbottle	29
Darlington	2
Gateshead	4
South Shields	2
Easington	43
Stockton	40

In addition 27 children attended as day pupils at Prudhoe and Monkton Hospital.

Transport to the centres, mid-morning milk and midday meals are provided at each centre while regular routine dental and medical examinations are carried out on all pupils.

(g) *Durham Junior Training Centre.* The Special care unit for children whose physical and mental handicaps render them unfit for training in the normal junior centre classes was brought into use on the 2nd November, 1964. Four children were admitted in the first instance, three of whom were transported in hired cars and one on special transport provided for other trainees.

(h) *Durham Adult Training Centre.* During the year additional electrical equipment was installed. This has facilitated the work of the centre considerably and a start has been made with industrial contracts which have included the packing and folding of card-board boxes, making of Christmas crackers, supply of firewood to County Council establishments, the manufacture of first aid boxes for County Hall, repairs to County Council equipment and the manufacture of needlework boxes. A car washing service for the staff of County Hall was started in September and this has proved most successful. During the year, the Manager of the Centre has acted as leader of a Youth Club organised by the local Society for Mentally Handicapped Children for adolescent subnormals.

(i) *Lanchester Adult Centre.* Work on the remaining cottage was completed during the year and day trainees, both male and female, were admitted for the first time in December, 1964, and on the 31st December, 19 male and 5 female trainees were in attendance. The additional accommodation consisting of work rooms, class rooms and recreation rooms have also made it possible to increase the number of resident places to 30 and at the end of the year 29 of these were occupied. During the year a house mother was appointed to assist in the care of those trainees who are unable to return home at weekends and an average of six trainees have remained.

The centre has continued to carry out contract work including the manufacture of bread trays, wooden reels for a firm of wire manufacturers and wire loops for a plastic manufacturing company. Fire-wood has been supplied to a number of County establishments and repairs have been carried out to County Council equipment. Other products including wooden clothes airers have been made and sold direct. Printing equipment has also been installed and a number of orders have been executed for programmes, tickets and handbills.

During the year a further young volunteer worker was attached to the centre. Arrangements for these volunteers have been made through the Service in the United Kingdom Worker Volunteers Organisation. Previous volunteers have been young men waiting to take up their studies at university but on this occasion the volunteer was a police cadet seconded by his force. Once again the arrangement was most successful, the volunteer worker obtaining valuable experience and at the same time being of considerable assistance to the centre staff.

Trainees have continued to pay weekly visits to a local in-door swimming bath and have also taken over the cultivation of a nearby garden. The excellent relations made with the local community have been maintained and trainees continue to take part in a number of village activities.

(j) *Fencehouses Adult Training Centre.* This purpose built centre for 60 adult subnormals came into use on the 14th December, 1964. The accommodation includes two large workshops, a self-contained flat with kitchen for training in domestic work, dining room, staff room, toilet and kitchen facilities. Training is given in carpentry, rug making and other crafts. Trainees have also been employed in providing firewood for County Council establishments and on the repair of County Council equipment. It is hoped that industrial contracts will be obtained in the near future similar to those of other adult centres. On 31st December, 1964, there were 32 male and 29 female trainees attending the centre.

(k) *Stockton Junior and Adult Training Centres.* These newly built centres were opened in May 1964. The Junior Centre had previously been in existence for ten years in a Church Hall in Norton and the move to these premises gave delight to staff and children alike. The staff noted the children had a more healthy appearance after only a short time in the new Centre. The opening of the Adult Centre was a new venture for Stockton, though with trained, experienced staff, "teething" troubles were few. The men are engaged on woodwork, metalwork and the making of useful articles such as link mats, mopheads and firewood. Contracts for the making of model ladders in wood and metal for an industrial firm have been made and a considerable quantity produced. The girls have made some excellent rugs and a quantity of saleable goods such as slippers, aprons, slip mats, bathroom mats. Laundry equipment is being installed in a screened-off part of the girls' workroom and it is hoped that eventually the laundering requirements of the day nurseries and health centres will be met by the girls. Both the Junior and Adult Centres have a capacity of 60 places. At the end of the year there were 40 children in the Junior Centre and 13 boys and 17 girls in the Adult Centre.

(l) *Easington.* The arrangement whereby, pending the erection of the adult training centre, part of the junior training centre was allocated for use by adults was continued. The number in attendance at the end of the year was 11.

(m) *Hospital Admissions.* During the year 14 patients were admitted to hospital under order and 61 were admitted informally under the provisions of Circular H.M.(58) 5. During the whole of the year 69 patients were admitted to hospitals for short term care in accordance with the terms of Circular 5/52 of the Ministry of Health. Details of all admissions are given in Table 21—Section H.

2. In relation to Mentally Ill Persons.

During the year mental welfare officers investigated cases under the Mental Health Act, 1959 at the request of general medical practitioners and police etc. and Table 21—Section H gives details of admissions arranged by them (it should be noted, however, that these figures are not the total of all hospital admissions).

The close liaison with hospitals has been maintained and the practice of mental welfare officers attending psychiatric out-patient clinics has been continued. In addition arrangements have been made for them to attend case conferences and case demonstrations at a number of hospitals. On the 31st December, 1964 some 540 cases were under the supervision of mental welfare officers.

Mental welfare officers in the Durham area have continued to take an active part in the running of a club for ex-patients organised by the Durham and District Organisation for Mental Health. In addition two officers from the county have assisted with a club for ex-patients held in the County Borough of Gateshead.

SECTION C—PREVALENCE OF INFECTIOUS DISEASES

Tables 22, 23, 24, 25, and 26—Section H give particulars of cases of infectious disease occurring during the year, and the mortality from the principal infective diseases.

Scarlet Fever. There were 636 cases and no death. The corresponding figures for 1963 were 321 cases and no death.

Whooping Cough. The number of cases (570) decreased by 354 when compared with the previous year. There was one death in 1964 compared with none in 1963.

Diphtheria. For the sixth year in succession there was no confirmed case.

Measles. The number of cases 5,792 showed a decrease of 10,565. No death was registered. The case rate was 6 per 1,000 population.

Pneumonia. Notified cases decreased from 301 in 1963 to 187 in 1964. There were 630 deaths recorded.

Meningococcal Infection. During the year there were 15 cases and 2 deaths. In 1963 the figures were 18 cases and 9 deaths.

Acute Poliomyelitis. One case was recorded during the year compared with none in 1963. This case was of very mild form (Non-Paralytic).

Acute Encephalitis. Two cases were notified compared with eight in the previous year.

Dysentery. A total of 320 cases occurred, a decrease of 208 cases compared with the previous year.

Enteric or Typhoid Fever. No case was recorded during the year compared with one case and no death in 1963.

Paratyphoid Fever. In 1963 there were 3 cases compared with 7 this year. No death was recorded in either year.

Food Poisoning. During the year 112 confirmed cases were recorded compared with 337 in the previous year.

Influenza. The number of deaths registered was 25, equal to a death-rate of 0.03 per 1,000 population compared with 77 deaths and a death-rate of 0.08 in 1963.

Diarrhoea and Enteritis (under 2 years of age):—Deaths registered (9) and the death-rate (0.009 per 1,000 population) were less than last year when 10 deaths occurred giving a death-rate of 0.010. The rate per 1,000 live births was 0.39 compared with 0.57 in 1963.

Puerperal Pyrexia. During the year there were 80 confirmed cases of puerperal pyrexia, compared with 75 cases in 1963. No death was registered from puerperal sepsis.

According to information received 78 cases had hospital in-patient treatment.

Ophthalmia Neonatorum. There was no case of ophthalmia neonatorum notified during the year.

IV. WELFARE OF THE ELDERLY.

One of the results of improved medical and social services is that more people live longer and the deterioration associated with old age tends to be delayed. This deterioration in physical and/or mental faculties when it does occur frequently necessitates the deployment of a variety, or occasionally the whole range, of the authority's staff, employed to deal with the blind or partially sighted ; the deaf ; the physically handicapped ; the mentally disturbed ; the sick and the bed-ridden.

Over the years the elderly have been using an increasing proportion of the health and welfare services and this trend will obviously continue. During 1964, 57% of district nurses time, 12% of health visitors time and 89% of home helps were employed assisting old people in this county. At the end of December, 1964, in the administrative county there were approximately 101,100 persons over the age of 65 years and this number is expected to rise to 111,400 in 1969 and 128,400 in 1974. Furthermore estimates for the country generally suggest that while the numbers aged 65 years and over will increase by 32.5% within the next few years, the increase of those aged 75 years and over will be 40.5%.

The basic need of the elderly is for a home of their own where they can enjoy privacy and comfort with the social contacts which they desire.

Houses of suitable size and design are, therefore, particularly important, supplemented, where necessary, by welfare services including communal facilities, emergency bell systems, warden services, "meals on wheels" or "meals by neighbours" services, chiropody services, and adequate home nursing, home help and health visitor advisory services. Despite these services the time may still come when this support is insufficient and it is then that accommodation in a residential County Council hostel is needed. Here again the object must be to keep the elderly as happy as possible and out of hospital as long as possible.

During the year, to encourage the provision of communal facilities, wardens services etc., in association with houses for old people the County Council continued to make grants to district councils of a maximum of £30 per house per annum when such facilities are provided.

An expansion of home help and after-care service was necessary and greater financial assistance was given to schemes providing chiropody, meals on wheels, meals by neighbours and luncheon club services.

Continued support, financial and otherwise, was given to the Durham County and Tees-side Old People's Welfare Committee, a voluntary organisation which has been most successful in the sponsoring of clubs for old people and various social functions such as choir festivals.

The policy to provide more hostel accommodation with additional comprehensive facilities has been pursued.

V. FAMILY CASE WORK SERVICE—PROBLEM FAMILIES AND HOMELESS FAMILIES ETC.

With the appointment of an additional senior social worker and increases in the number of social workers dealing with physically handicapped, blind and partially sighted, problem and homeless families, the year 1964 has seen a rapid development of the County Council's family case work service.

However the increased size of the family casework team was regarded as only one step towards an effective service. A further step was taken in terms of training. In September, two social workers were seconded to university courses, one to take a course in applied social studies at Cardiff and the other to take a post-graduate course in social science at Liverpool University. Following the successful introduction of two trainee home teachers to the Blind earlier in the year, four trainee social workers were appointed in December and they will commence training within the Health Department. It is anticipated that these trainees will eventually proceed to courses resulting in a qualification in social work.

Following periods of close supervision under the senior social worker, each of the new social workers was assigned to particular health areas. Whilst the administration remained centralized, the social workers were based on the health areas and thus able to give a better local service. Although social workers have increased contacts with the physically handicapped quite a lot of their time has been absorbed in dealing with problem families and families in danger of eviction. Intensive casework, often necessary to relieve

crisis situations had to be balanced with long term work with 'chronic' problem families. During the year 525 cases of possible eviction were notified to the department. This is 116 less than the figure for the previous year. There was also a dramatic reduction in the number of actual evictions; 27 as compared with 55 in 1963. The reason for the reduction in the respective numbers cannot be assessed accurately but I believe they reflect, in some measure, the effectiveness of casework and the welcome co-operation from housing authorities.

Duties in Relation to Section 1 of the Children and Young Persons Act, 1963.

A senior family welfare officer commenced duties on 1st April, 1964, to co-ordinate social work with problem families in terms of prevention and rehabilitation. This has involved close liaison between the Health, Education and Childrens Departments of the County Council and also with the other appropriate statutory and voluntary agencies. This liaison has been excellent and I should like to take this opportunity of thanking the various officers concerned. Officers of the County Council and representatives of the N.S.P.C.C., Probation Service, National Assistance Board, Housing Authorities, W.V.S. Police and Moral Welfare Association, have met regularly at family case conferences convened by the County Medical Officer and held under the Chairmanship of Assistant County Medical Officers. In addition to these formal meetings there have been effective case conferences of officers directly involved with a family where a crisis had developed. These meetings have contributed to a better understanding between officers and have enhanced existing co-operation.

Returns show that between 1st April, 1964 and 31st December, 1964, 6,436 families were notified to officers of the Health Department as being in need of advice or assistance. Early warning of deterioration of family circumstances comes from many sources notably housing managers and health visitors.

Section 1 of the Children and Young Persons Act, 1963, authorized the provision of material assistance by Local Authorities. This has been implemented by the Health Committee granting to the County Medical Officer authority to spend up to £25 on any particular family in need—additional assistance being subject to prior approval of the Chairman of the Health Committee. In considering application for material assistance there are three criteria (a) that the assistance is essential (b) that other sources of assistance have been approached (c) that constructive casework is being undertaken with the family in need. In all, material assistance under Section 1 of the Children and Young Persons Act, 1963, was granted in 26 cases. It was found that bedding was the most common need. Officers obtained financial assistance for families, from other sources in 73 cases and material assistance in 384 cases. This, I feel, reflects the excellent co-operation from charities and voluntary organisations, the Women's Voluntary Service being particularly helpful in terms of clothing and household equipment.

The total caseload of families under supervision on 31st December, 1964, was 1,202. Not all of these families were necessarily on the verge of break-up but all were considered to be in danger of developing more serious problems if there was no form of supervision.

VI. TEMPORARY ACCOMMODATION (NATIONAL ASSISTANCE ACT, 1948—SECTION 21(b)).

(a) *Present position.*

Temporary accommodation is provided for homeless families at the Cottage Homes, Houghton-le-Spring. Five adults and 25 children were in residence at the end of the year. In order that its adaptation as emergency accommodation and as accommodation for supervisory staff might proceed, the use of Lambton House, Birtley as temporary accommodation was discontinued, the last family being discharged therefrom on 6th July, 1964.

Adaptation of this property and of the former nursery at Birtley as temporary accommodation has further been delayed by local objections. This, together with continuing difficulties in obtaining alternative accommodation for families rehabilitated in temporary accommodation, has resulted in a 'break-up' of some families rendered homeless.

(d) *Home Teaching Service.*

There are 14 qualified home teachers for the blind, of whom four are registered blind persons. During the year three trainee home teachers were appointed and it is hoped, after a period of satisfactory training, to second trainees to the one year course arranged by the North Regional Association for the Blind, Leeds, with a view to them becoming qualified.

These members of the staff visit blind and partially sighted persons, teaching braille and moon type when required and acting as general social workers for all blind and partially sighted persons on the register. Five of the home teachers hold classes for the teaching of handicrafts, while the remaining home teachers provide tuition in handicrafts in the homes when required.

(e) *Social Centres.*

Seven centres are established and operating in the County with the co-operation of the voluntary agencies. Home teachers visit the centres and provide help and guidance when necessary.

(f) *Placement Service.*

By arrangement with the Ministry of Labour, use has been made of their Placement Officer in finding and placing suitable persons in open industry.

(g) *Holidays.*

The Health Committee provided a week's holiday at Bridlington for 11 deaf blind persons, together with their attendants. The detailed arrangements for this holiday were made by the North Regional Association for the Blind.

(h) *Homes for the Blind.*

At the end of the year there were 36 blind persons in homes for the blind, 30 of these being residents in Palatine House, Durham, this being the County Council hostel for the blind. The remaining six lived in homes outside the County.

III. WELFARE OF THE DEAF.

The County Council scheme under Section 29 of the National Assistance Act approved by the Minister on the 27th September, 1952, operates throughout the county. Most of the work is carried out on an agency agreement by the Northumberland and Durham Mission to the Deaf and Dumb for the northern part of the county and the South Durham and North Yorkshire Association for the Deaf for the southern part of the county. Welfare officers visit and look after general welfare of registered persons. Five hard of hearing clubs operate throughout the county to which the County Council make a grant for administration, maintenance charges and equipment. At the end of the year the number of persons registered as deaf or hard of hearing was 884 classified as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Under 16 years	46	69	115
16-64 years	353	269	622
65 years and over	75	72	147
Total	<u>474</u>	<u>410</u>	<u>884</u>

At the end of December 52 school children (28 boys and 24 girls) were attending residential schools for the deaf, outside the county area.

The six part-time ophthalmologists appointed by the County Council examined 394 cases referred to them while in addition nine forms B.D. 8 were submitted by other ophthalmologists. These 403 cases are classified as follows :—

First Examination :—

No. certified blind	...	...	...	...	...	...	...	...	...	196
No. certified partially sighted	...	...	...	...	...	...	...	...	...	76
No. certified not blind	...	...	...	...	...	...	...	...	...	41

Re-examinations :—

No. certified blind (3 already certified)	...	...	...	...	...	...	...	...	...	47
No. certified partially sighted	...	...	...	...	...	...	...	...	...	30
No. certified not blind	...	...	...	...	...	...	...	...	...	13

No case of retrolental fibroplasia was reported during the year.

(b) *Register of Partially Sighted.*

The number of partially sighted cases on the register at the 31st December was 383, the sex and age classification being :—

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total.
Male	1	1	26	13	28	22	72	163
Female	—	—	21	6	28	14	151	220
Total	1	1	47	19	56	36	223	383

In all cases of cataract, glaucoma, or any other disability a letter is addressed to the patient's private doctor informing him of the findings and the recommendations of the ophthalmologist. At the same time an offer is made for the case to be referred to the ophthalmology department of the nearest hospital, subsequent progress being notified to the medical practitioner as and when it becomes known to this department. In the majority of cases the medical practitioners avail themselves of this offer, and the arrangements have been found to work satisfactorily.

High Myopia. It has been the practice for many years for the school health service to notify the Health Department of all school leavers suffering from high myopia who are not registered blind or partially sighted persons. These cases are followed up by health visitors to ensure that the children continue to wear suitable spectacles and obtain replacements where necessary. Advice and assistance is given regarding suitable employment.

(c) *Employment.*

The following information relates to trained blind persons in employment at the end of the year :—

	<i>Institution Workers.</i>	<i>Home Workers.</i>
Royal Institution for the Blind, Sunderland	38	2
Cleveland & South Durham Institute for the Blind, Middlesbrough	18	2
Hartlepool Workshops for the Blind, West Hartlepool	4	—
National Library for the Blind, Braille Copyists	—	2
Catholic Blind Institute, Liverpool	1	—

On the 31st December the number of trained but unemployed blind persons was 11.

(d) *Occupational and Diversional Therapy.*

The County Council's occupational therapist has continued to visit handicapped persons in their homes in order to train them and assist them in various crafts. Assistance is also given by craft instructors who attend meetings of clubs for physically handicapped.

(e) *Car Badges for Disabled.*

At the end of the year 155 car badges were in use by disabled drivers to enable them to obtain parking privileges. New applications for badges are made at the expiry of the disabled person's driving licence or at the time a new vehicle is obtained.

(f) *Voluntary Organisations.*

The County Council has worked in co-operation with the Durham County Association for the Physically Handicapped and during the year made a further grant to help them in their work. The number of social clubs for physically handicapped persons sponsored by the County Association has increased during the year by one, to make a total of 17. These clubs continue to be invaluable as meeting places for physically handicapped persons, where they can take part in social, as well as handicraft activities.

Eleven young people attend the day work centre at the Percy Hedley School for Spastics of whom eight are resident in the recently opened Chipchase Hostel.

The Training and Work Centre administered by the Sunderland and District Spastics' Society (a voluntary organisation) had, at the end of the year, four of our adult spastics who were unable to obtain employment on account of their disability. Transport by taxi was provided for two spastics who would otherwise have been unable to attend the Centre, the cost of this transport being accepted by the County Council.

(g) *Residential Accommodation for Physically Handicapped.*

Residential accommodation is provided for 36 physically handicapped persons at homes outside the County, run by voluntary organisations.

II. WELFARE OF THE BLIND AND PARTIALLY SIGHTED.

(a) *Register and Registration of Blind Persons.*

The number of blind persons on the County Council's register on the 31st December was 1,812, 46 more than at the end of 1963.

Blind population according to age and sex.

		1 & under	2- 4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80 & over	Total
Male	...	—	2	11	13	9	29	46	82	121	64	71	177	186	811
Female	...	2	3	11	6	6	13	30	59	97	80	94	299	301	1,001
Total	...	2	5	22	19	15	42	76	141	218	144	165	476	487	1,812

During the year the names of 268 blind persons were added to the register including 31 blind persons transferred into the County from other areas. Following surgical treatment, sight was restored to nine persons previously registered as blind, all of whom were certified neither blind nor partially sighted. During the period under review 213 blind persons died or left the county area.

SECTION D—NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

INTRODUCTION.

There are few instances where the need for social work in the community is not either the result of, or associated with, mental or physical illness, defect or deterioration. It seems obvious, therefore, that developments in the health field must affect welfare requirements, and future plans for the one service must take into account the other. Patterns of medical care are always changing and today we are increasingly concerned with safeguarding health (mental, physical and emotional) ; with enabling the patient to stay at home and at work if possible and with the rehabilitation to normal life of patients discharged from hospitals into the community at a very much earlier stage.

A Medical Officer of Health who is also Chief Welfare Officer to his authority is, therefore, in a unique position, since he can readily ensure that there is adequate liaison and co-operation between the health and the welfare field staff with co-ordination of their activities. The simple aim is, of course, to provide in the home the service required without duplication of effort, and there is little doubt that demands on community services (both health and welfare) will increase in the future resulting from the changing hospital policy, an ageing population and more detailed consideration of needs.

The various services for the blind, tuberculous, physically handicapped, elderly etc., have in the past operated independently, but these are now being co-ordinated in the administrative county.

This was the objective we embarked upon last year and it has worked most successfully, the field workers appreciating the wider range of duties and the improved liaison not only between sections in my own department, but also with staff in other departments of the County Council.

I. WELFARE OF THE PHYSICALLY HANDICAPPED.

(a) *Register.*

At the end of the year there were 1,027 males and 875 females on the register of physically handicapped. This shows an increase of 390 during the last year. These physically handicapped persons were referred by hospitals, general practitioners, other staff of the health and welfare department, while the remaining cases came from various other statutory and voluntary social agencies, patients' friends and in some cases from the patients themselves.

(b) *Welfare Work for the Physically Handicapped.*

The Senior Social Worker continued to supervise the work of social workers and also that of the home teachers of the blind. At the end of the year the number of general social workers employed by the County Council had increased to ten whole-time and authority was given for appointing trainee social workers.

The kind of help given to physically handicapped persons has varied widely. House alterations have been arranged and financed in co-operation with district councils, while a wide variety of aids for handicapped persons have been supplied. Other patients who have not needed material help have been given support by the social workers in facing their personal and family problems. There is also a scheme whereby Local Housing Authorities may obtain grants from the County Council towards the provision of houses specifically designed for physically handicapped persons.

(c) *Holiday Scheme for Physically Handicapped.*

With the agreement of the Education Committee, the Health Committee were able to sponsor a further holiday scheme for physically handicapped persons at Windlestone Hall, a special residential school, during the period 31st July to 28th August. One hundred handicapped persons had the advantage of a holiday at Windlestone during this four week period. The majority of the handicapped persons were conveyed to Windlestone Hall by ambulance, the remainder finding their own way. The British Red Cross Society carried out the day to day administration, providing the staff for the project, and the venture was a great success. The British Red Cross are again to be congratulated on their magnificent effort.

(b) *Future developments.*

To facilitate road improvements in the area it will be necessary to discontinue the use of the Cottage Homes, Houghton-le-Spring as temporary accommodation during the next three years and efforts to find properties suitable for adaptation to provide the types of accommodation outlined in my last report are proceeding.

In an attempt to secure the provision of intermediate accommodation or permanent housing accommodation for rehabilitated families further discussions have taken place with district housing authorities and as a result of this meeting many authorities have now indicated that they are prepared to provide intermediate accommodation in accordance with the scheme outlined by the County Council.

VII. HOSTEL ACCOMMODATION FOR THOSE NEEDING CARE AND ATTENTION (NATIONAL ASSISTANCE ACT, 1948, SECTION 21).

(a) *Present Position.*

Since the coming into operation of the National Assistance Act, 1948, the County Council has built 14 new residential homes. Included in this number is Palatine House, Durham, which provides specially for the needs of persons who are blind or partially sighted.

Between 1950 and 1956 in an endeavour to meet an urgent need and overcome building and financial difficulties the County Council purchased eight properties which were suitable for adaptation as residential homes.

At the end of the year hostels were under construction at Stockton, Ryton and Birtley and it is anticipated that these will come into use during 1965. Adaptations were also being made to Glencliffe Hostel, Seaton Carew to enable it to be used as a holiday and short stay home. It is anticipated that work will commence during 1965 on further hostels at Hebburn, Lanchester, Durham, Hartlepool, Fishburn, Houghton-le-Spring and Brandon.

During the year, homes at Durham (45 beds) and Seaham (38 beds) were opened and the use of 12 beds in St. Margaret's Hospital, Durham was discontinued.

The total number of places provided directly by the County Council at the end of the year was 1,080, together with 123 in transferred hospital accommodation, making a total of 1,203 and representing an increase of 71 in the number of places available compared with the end of 1963. These places are distributed as follows :—

In Homes controlled by the Welfare Sub-Committee.

<i>Residential Accommodation. Beds Provided.</i>			<i>Residential Accommodation. Beds Provided.</i>		
Cambridge House, Barnard Castle ...	85		Grove Park, Barnard Castle ...	22	
Heath House, Houghton-le-Spring ...	103		Owton Fens, Greatham ...	21	
Ivy House, Sedgfield ...	76		Holmfield, Crook ...	30	
Seaton Holme, Easington ...	35		St. Bede's, Jarrow ...	38	
Weardale House, Stanhope ...	59		Glencliffe, Seaton Carew ...	39	
Newtown House, Stanhope ...	30		Stanfield, Stanley ...	38	
The Hermitage, Whickham ...	18		Palatine House, Durham ...	38	
Parkside, Billingham ...	38		Glenroyd House, Consett ...	38	
Winton, Winlaton ...	38		Mendip House, Chester-le-Street ...	38	
Essyn House, Easington ...	40		Boldon House, East Boldon ...	45	
Dene House, Bishop Auckland ...	38		Red Hill House, Stockton ...	45	
Shafto House, Newton Aycliffe ...	45		Kepier House, Durham ...	45	
			Millbank House, Seaham ...	38	

				<i>Residential Accommodation. Beds Provided.</i>
In Hospitals transferred to the Regional Hospital Board on 5th July, 1948.	Chester-le-Street	...	...	31
	Durham	...	...	36
	Lanchester	...	...	56
	Total	...	...	<u>123</u>

				<i>Residential Accommodation. Beds Occupied.</i>
In Homes controlled by :—				
(a) Neighbouring County Borough Councils	Darlington	...	...	2
	Gateshead	...	...	14
	South Shields...	...	...	2
	West Hartlepool	...	...	1
(b) Other Local Authorities	...	...	...	6
In Special Homes	...	...	...	20
Total				<u>45</u>

The number of employees in the 25 premises directly controlled by the Health Committee was as follows :—

Superintendents	...	...	...	...	4
Matrons	...	...	...	...	21
Wardens	...	...	...	...	2
Other staff	...	...	...	...	350

The number of cases on the waiting list on the 31st December was 406 compared with 552 in 1963.

Maintenance charges.

The minimum charge to residents for maintenance in the County Council hostels at the end of the year was £2. 14s. 0d. per week while the maximum charges were £7. 14s. 0d. for residents in former Public Assistance Institutions, and £8. 1s. 0d. in other hostels.

X-ray examinations.

There is a relatively higher incidence of tuberculosis in the older age groups, and in order to detect any case which might benefit by treatment, and also to protect residents from possible infectious cases efforts are constantly made to ensure that all aged persons admitted to residential homes have their chest x-rayed before admission.

(b) Future requirements.

The amount of residential accommodation required for the elderly and others "in need of care and attention" is affected by the housing conditions ; the existence of warden services ; the degree of support forthcoming from families and neighbours and by the amount of residential accommodation provided privately and by voluntary organisations otherwise than as agents of the local authorities.

To provide the number of beds in hostel accommodation to meet the anticipated requirement by 1974, 1,393 additional places will be necessary.

SECTION E—INSPECTION AND SUPERVISION OF FOOD AND DRUGS

1. MILK (SPECIAL DESIGNATION) REGULATIONS, 1960.

These regulations continued in operation until the 1st October when they were re-enacted with amendments by the Milk (Special Designation) Regulations, 1963. The principle changes are that from the 1st October "Untreated" replaced "Tuberculin Tested" as the special designation for raw milk, the Methylene blue test replaced the Clot on Boiling test for milk to which a producer's licence relates and additional licences for producers were introduced. A person holding the appropriate licence could use the words "Tuberculin Tested (Pasteurised)" until the 31st December after which date the words "Pasteurised Milk" are to be used. These regulations affected many of the licences issued by this Authority and therefore dealers were notified of their responsibilities in this respect.

At the end of the year there were five plants processing milk in the County, all of which were authorised to use the special designations "Pasteurised" and "Tuberculin Tested (Pasteurised)", while one dairy holds an additional licence for the sterilising of milk. All plants are of modern design. Pasteurising units operate on the H.T.S.T. system and the sterilising plant includes Danks tanks. The total quantity of milk treated is approximately 64,404 gallons per day. Regular inspections of these dairies are made and satisfactory standards maintained.

Although the County is a specified area in which only milk of a special designation can be sold, exception is made as a last resort. Where no such supplies are available the Ministry of Agriculture and Fisheries issue a "Consent" licence enabling a retailer to dispense with the requirements of the order. During the year 10 such consents were in operation. The amount of milk covered by these consents is very small and only serves the needs of people living in isolated houses.

Routine samples continue to be taken by County Health Department staff of milk delivered to schools, children's homes and nurseries. Ten complaints have been received concerning the condition of churns or bottles of milk delivered to schools and the necessary action has been taken. As requested by the Ministry of Health, milk produced at hospital farms has been sampled in accordance with their scheduled requirements.

At the request of the Durham Hospital Management Committee routine samples are taken of milk delivered to hospitals in their group.

No. of current licences at 1.1.64	(i) 'B' Licences	...	...	...	20
	(ii) 'E' Licences	...	...	...	1,984
No. issued during year	(i) 'B' Licences	...	...	...	1
	(ii) 'E' Licences	...	...	...	138
No. cancelled during year	(i) 'B' Licences	...	...	...	Nil.
	(ii) 'E' Licences	...	...	...	65

No. of current licences at end of year 1,878.

Details of results of all examinations of samples of milk are given in table 27—Section H.

In August, Circular F.S.H. 15/64 on antibiotics in milk was received from the Ministry of Agriculture, Fisheries and Food. Reference was made to the steps already taken in England and Wales towards implementing the recommendations of the Milk Hygiene Sub-Committee referred to in my last report and confirms the procedure adopted by this Authority of concentrating on producers and retail sales as being most useful especially as they are invariably outside any scheme being run by the dairies. 381 samples of raw milk have been submitted to the Public Health Laboratories for antibiotic examination two of which contained antibiotics in excess of the accepted figure. Appropriate action was taken.

2. FOOD AND DRUGS ACT, 1955. SECTION 31.

Samples of milk are being obtained and submitted for biological examination. The results of 290 samples have been received and are shown in Table 27. The ten positive results refer to samples of raw milk which on examination showed brucella abortus to be present. In nine cases the milk was produced on farms within the county and in one case on a farm outside the county. In conjunction with officials of the health department of the local authorities concerned appropriate action was taken.

The Chief Inspector of Weights and Measures reported that twenty-nine samples of milk from thirteen suppliers were found to be either deficient in milk fat or showed evidence of added water. It was decided that four cases were suitable to take before the Justices. One case was referred to the National Agricultural Advisory Service. Seven offenders received warning letters and one offender received a warning letter and the matter was also referred to the National Agricultural Advisory Service.

FOOD AND DRUGS ACT

The following statement shows the results of examinations carried out by the County Analyst during the year :—

								<i>No. of samples.</i>	<i>No. adulterated.</i>	<i>% adulterated.</i>
Milk	...	...	...	...	...	...	...	1,392	29	2.1
Other foods and drugs	...	...	...	...	...	...	...	2,540	45	1.8
								3,932	74	1.9
Appeal to cow samples	...	...	...	...	...	...	...			25
Milk below presumptive standard but genuine	...	...	...	...	...	...	...			151

SECTION F—ENVIRONMENTAL HYGIENE

1. (a) *Bacteriological Laboratory Facilities.*

The Medical Research Council, acting on behalf of the Ministry of Health, continues to be responsible for the administration of the public health laboratory service.

The laboratories situated at the General Hospital, Newcastle upon Tyne, Havelock Hospital, Sunderland, General Hospital, Middlesbrough and the Friarage Hospital, Northallerton, undertake examinations for the administrative county area.

(b) *Water Supplies.*

Piped water is supplied to the various parts of the administrative county area by the following water undertakers :—

Tees Valley & Cleveland Water Company.

Durham County Water Board.

Sunderland and South Shields Water Company.

Newcastle and Gateshead Water Company.

Hartlepool Water Company.

Only small isolated rural areas rely on local wells or springs.

Normal extensions of mains to housing estates and industry continue in all areas while work proceeds steadily on the construction of the proposed Derwent Valley reservoir, with a capacity of 11,000,000,000 gallons.

Copies of results of analysis of water samples taken by local authorities are sent to the county health department and, where necessary, further investigations are carried out. Of 716 samples taken, 110 were classified as unsatisfactory. These unsatisfactory samples were generally from individual spring or well supplies to isolated farms or dwellings and in a number of instances were repeat samples of those reported in previous years. Routine samples of supplies to schools, kitchens, dairies and similar establishments continue to be taken by officers of the department and have proved generally satisfactory. Where adverse reports were received they came from local supplies subject to variation in quality and quantity due to extreme weather changes.

Schemes providing improved or new water supplies to certain areas have been submitted for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Fluoridation of Water Supplies.

The County Council have agreed in principle to the making of arrangements with local water undertakers for the addition of fluoride to water supplies which are deficient naturally in this respect as a means of reducing the incidence of dental decay especially in young children. Those living in the Hartlepool area have, of course, been drinking water containing a fairly high natural concentration of fluoride for a great number of years.

Unfortunately it has not been possible to get the unanimous approval of all the other local health authorities obtaining their water supplies from the same undertakers, but the matter is still being pursued by the County Council.

II. (a) *Rural Water Supplies and Sewerage Acts, 1944-61.*

During the year the County Council continued to make grants towards the cost of approved schemes for the provision of piped water supplies and main drainage in the rural areas of the County.

In connection with Section 2(1) of the above Acts, a number of schemes were under consideration, the following receiving contributions during the year :—

	<i>Estimated Cost. £</i>
(a) Consett Urban District—Sewerage and Sewage Disposal Scheme—Iveston Village	9,900
(b) Barnard Castle Rural District—Sewerage Scheme—Parish of Marwood	2,522
(c) Darlington Rural District—Water Supply—Denton	6,886
(d) Darlington Rural District—Sewerage Scheme—Low Coniscliffe and Merrybent	40,225
(e) Durham Rural District—Sewerage and Sewage Disposal Scheme—Brancepeth Village	6,394
(f) Easington Rural District—Sewerage and Sewage Disposal Scheme—Sheraton	7,349
(g) Weardale Rural District—Sewer Extension—Eastgate	500
(h) Weardale Rural District—Water Supply—Low Bishopley and White Kirkley ...	1,900
(i) Weardale Rural District—Water Supply Scheme—Thornley Village	5,000
(j) Weardale Rural District—Sewerage and Sewage Disposal Scheme—Rookhope	11,132
(k) Weardale Rural District—Sewer Scheme—Burtreeford	2,436

(b) *Drainage, Sewerage and Sewage Disposal.*

Routine inspections of existing disposal works and those under construction continue to be made. A number of schemes to replace overloaded and defective works and to enable the continued development of housing and industrial estates have been submitted by local authorities for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Tyneside Sewage Disposal—The final report on the investigation of the sea outfalls was submitted in May by the Consulting Engineer to the Technical Sub-Committee. The report describes the investigations, sets out the results obtained and makes recommendations as to the best location and design of an outfall for disposing of sewage from Tyneside to the sea. Consideration has also been given to the relative merits of a sea outfall scheme and of a sewage purification scheme and a decision is awaited.

Tees-side Sewage Disposal—Meetings of the Working Committee and Technical Sub-Committee have been held during the year and the Consulting Engineers have been making a preliminary survey on the feasibility of a scheme.

III. HOUSING.

A statement as to the position of housing in the administrative county, compiled from information supplied by district councils, is given in Table 28—Section H.

IV. CLOSET ACCOMMODATION.

Table 29—Section H gives the number and type of convenience in each sanitary district at the end of 1964 together with information as to the conversions of ashpit privies and ash-closets into water-closets during the year.

SECTION G. GENERAL

1. NURSING HOMES.

During the year no application was made to the County Council under Section 194 of the Public Health Act, 1936, for the delegation of their powers to district councils. The following maternity and nursing homes registered by the County Council were periodically inspected :—

<i>Name and Address.</i>	<i>Description.</i>
Rosemount, 32, Bede Road, Barnard Castle	Maternity and general.
Percy House, Neville's Cross, Durham	Aged, infirm and border-line mental cases.
Broadmeadows Manor, nr. Castleside	General, chronic, aged and infirm.
St. Cuthbert's Hospital, Rockcliffe Park, Hurworth-on-Tees, (annexe to Hospital of St. John of God, Scorton).	Chronic sick (males).
"Milford," North End, Durham	Aged and infirm.
"Ashbrook," St. John's Road, Neville's Cross, Durham ...	Aged and infirm.
"Wayside", West Boldon	Aged teachers and their dependants.

II. NURSERIES AND CHILD MINDERS' REGULATIONS ACT, 1948.

(a) *Premises.* During the year, the following premises were registered as nurseries under the above Act :—

Community Centre, The Causeway, Billingham.
St. Oswald's Church Institute, Durham.
Village Hall, Eaglescliffe.
Village Hall, Shotley Bridge.

(b) *Daily Minders.* Mrs. McDonald of 23 Camden Square, Seaham was registered as a daily minder under the Act.

SECTION H.

STATISTICAL TABLES

TABLE 1.

POPULATION, BIRTH RATE, DEATH-RATE, ETC., WITHIN THE ADMINISTRATIVE COUNTY OF DURHAM, 1964.

DISTRICTS.	Medical Officer of Health.	Area in Acres.	Registrar General's estimated Resident Population 1964.	Live Births.	Still Births.	Deaths.	Birth-rate.	Death-rate.	Death-rate from seven Principal Infective Diseases.	Infant Mortality-rate per 1,000 Births.	Phthisis Death-rate.	Total Tuberculosis Death-rate.	Lung Diseases Death-rate.	Deaths occurring outside District included.	Deaths occurring within District excluded.
AREA No. 1. Blaydon U.D. Bywell U.D. Whickham U.D.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H. Do. Do.	9,235 5,145 6,074 20,454	30,970 13,990 26,220 71,180	586 237 489 1,312	10 2 11 23	330 168 269 767	18.9 16.9 18.6 18.4	10.7 12.0 10.3 10.8	— — — —	9 42 12 16	0.16 — — 0.07	0.16 — 0.04 0.08	0.74 1.07 1.34 1.03	167 76 101 344	27 8 193 228
AREA No. 2. Jarrow M.B. Helling U.D. Hebburn U.D.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H. Do. Do.	1,697 3,259 1,554 6,510	26,770 38,660 25,110 90,540	450 722 536 1,708	20 12 12 44	301 379 265 945	16.8 18.7 21.3 18.9	11.2 9.8 10.5 10.4	— — — —	22 21 28 23	0.07 0.08 0.04 0.07	0.11 0.08 0.04 0.08	1.38 1.01 1.71 1.31	132 176 95 403	32 3 9 44
AREA No. 3. Consett U.D. Stanley U.D. Lanchester R.D.	R. Hill, M.B., B.Ch., D.P.H. Do. Do.	10,042 12,659 44,243 66,944	38,000 45,610 14,440 98,050	618 708 252 1,578	11 16 5 32	397 513 221 1,131	16.3 15.5 17.5 16.1	10.4 11.2 15.3 11.5	— 0.02 0.07 0.02	23 23 20 22	0.11 0.02 0.21 0.08	0.11 0.02 0.21 0.08	1.00 0.92 1.66 1.06	69 291 61 421	434 8 170 612
AREA No. 4. Chester-le-Street U.D. Chester-le-Street R.D.	J. L. Siddie, M.B., B.S., D.P.H. Do.	2,656 22,223 24,879	19,380 43,590 62,970	313 798 1,111	3 17 20	227 437 664	16.1 18.3 17.6	11.7 10.0 10.5	— 0.02 0.02	16 29 25	0.10 0.09 0.10	0.10 0.09 0.10	1.60 1.17 1.30	41 231 272	184 7 191
AREA No. 5. Baldon U.D. Hetton U.D. Houghton-le-Spring U.D. Skeaham U.D. Washington U.D. Sunderland R.D.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H. F. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H. J. W. A. Rodgers, M.B., B.Ch., D.P.H. F. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H. Do.	7,640 4,551 5,026 2,469 5,758 6,734	25,460 17,230 31,080 25,470 19,610 29,300	479 261 575 461 398 600	14 4 8 9 10 11	268 176 338 254 181 380	18.8 15.1 18.5 18.1 20.3 20.5	10.5 10.2 10.9 10.0 9.2 13.0	— — — — 0.03 0.01	23 27 26 15 18 19	0.04 — 0.03 — 0.15 0.14	0.04 — 0.03 — 0.15 0.14	1.53 1.97 1.54 1.14 1.22 1.98	145 93 173 112 85 114	9 2 5 59 3 360
AREA No. 6. Crook & Willington U.D. Low Law U.D. Weardale R.D.	G. A. Macgregor, M.D., D.P.H. Do. Do.	15,476 4,477 99,513 115,466	24,450 2,890 8,130 35,470	398 55 105 558	7 4 1 12	314 43 127 484	16.3 19.0 12.9 15.7	12.8 14.9 15.6 13.6	— — — —	25 18 19 23	0.12 — — 0.08	0.12 — — 0.08	0.94 2.08 0.86 1.01	107 16 34 157	55 — 14 69
AREA No. 7. Durham M.B. Brandon & Byskortes U.D. Durham R.D.	R. G. Drummond, M.B., Ch.B., D.P.H. Do. Do.	4,578 8,224 34,068 46,870	23,050 19,530 36,470 79,050	303 318 667 1,288	3 11 10 24	263 241 394 898	13.1 16.3 18.3 16.3	11.4 12.3 10.8 11.4	— 0.05 — 0.01	26 22 24 24	— — — —	— — — —	1.87 1.18 1.04 1.32	23 100 177 300	403 7 11 421
AREA No. 8. Barnard Castle U.D. Barnard Castle R.D.	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. Do.	559 110,118 110,677	5,420 17,210 22,630	113 273 386	1 9 10	96 199 295	20.8 15.9 17.1	17.7 11.6 13.0	— — —	18 22 21	— 0.06 0.04	— 0.06 0.04	1.48 0.93 1.06	20 107 127	36 5 41
AREA No. 9. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H. Do. Do.	9,332 4,827 7,543 21,702	34,960 13,940 18,820 67,720	665 231 291 1,187	7 1 9 17	421 157 220 798	19.0 16.6 15.5 17.5	12.0 11.3 11.7 11.8	— — — —	30 30 10 25	0.06 — 0.05 0.04	0.09 — 0.11 0.07	0.83 1.08 1.17 0.97	43 83 109 235	391 3 1 395
AREA No. 10. Hurtlepool M.B. Billingham U.D. Darlington R.D. Sedgely R.D. Stockton R.D.	L. R. Benham, M.B., B.S., D.P.H. Do. M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H. Do. L. R. Benham, M.B., B.S., D.P.H.	1,473 7,855 45,470 39,057 40,614 134,478	18,100 33,490 26,490 35,420 12,004 125,500	353 730 575 602 214 2,474	4 12 18 12 3 49	169 279 217 525 95 1,285	19.5 21.3 21.7 17.0 17.8 19.7	9.3 8.3 8.2 14.8 7.9 10.2	— 0.03 0.04 — — 0.02	28 29 28 20 28 26	0.06 0.09 0.04 0.06 — 0.06	0.06 0.09 0.04 0.06 — 0.06	0.77 0.54 1.10 1.89 0.83 1.10	89 11 159 90 76 469	46 11 23 395 14 489
Easington R.D.	J. W. A. Rodgers, M.B., B.Ch., D.P.H.	34,653	85,600	1,637	36	890	19.1	10.4	—	24	0.09	0.09	1.73	335	98
Stockton M.B.	H. J. Peters, M.B., B.S., B.Hv., D.P.H., D.P.A.	5,465	83,330	1,713	38	809	20.6	9.7	0.01	25	0.05	0.05	1.04	289	166
ADMINISTRATIVE COUNTY		620,276	970,190	17,726	361	10,563	18.3	10.9	0.01	23	0.06	0.07	1.25	4,074	3,192

TABLE 2.

ADMINISTRATIVE COUNTY OF DURHAM.

COMPARISON OF DEATHS IN CERTAIN AGE GROUPS, 1900-1964.

Year.	Death Rate.	Percentage of Total Deaths.						
		Under 1 year.	1-14 years.	15-24 years.	25-44 years.	45-64 years.	65-74 years.	75 years and over.
1900	18.6	32.0	17.7	5.5	—	—	—	—
					26.9		17.9	
1910	14.3	29.1	16.6	5.2	—	—	—	—
					28.2		20.9	
1920	11.5	25.4	15.6	5.1	11.7	18.5	—	—
					30.2		23.7	
1930	11.2	13.7	10.6	5.3	11.7	23.6	—	—
					35.3		35.1	
1940	13.1	8.4	4.9	3.9	10.0	26.3	24.4	22.1
					36.3		46.5	
1950	11.8	6.1	1.9	1.6	6.3	23.8	27.7	32.6
					30.1		60.3	
1960	11.5	4.5	1.1	0.8	3.9	25.0	26.8	37.9
					28.9		64.7	
1964	10.9	3.8	0.8	1.0	4.1	25.5	27.7	37.1
					29.6		64.8	

TABLE 3.

ADMINISTRATIVE COUNTY OF DURHAM.—CLASSIFICATION OF DEATHS AS SUPPLIED BY THE REGISTRAR GENERAL, 1964.

CAUSES OF DEATH.	AGE PERIODS.																															
	MALE.																FEMALE.															
	*URBAN DISTRICTS				RURAL DISTRICTS				Under 4 weeks								75 & over															
	TOTAL	M	F	M	F	M	F	Under 4 weeks	4 weeks to 1 year	5—	15—	25—	35—	45—	55—	65—	75 & over	Under 4 weeks	4 weeks to 1 year	5—	15—	25—	35—	45—	55—	65—	75 & over					
1. Tuberculosis, respiratory	60	49	11	30	7	19	4	—	—	—	—	—	1	4	19	20	5	—	—	—	—	2	2	2	3	—	—					
2. Tuberculosis, other	4	3	1	3	1	—	—	—	—	—	—	—	—	2	—	6	2	—	—	—	—	—	—	—	—	—	—					
3. Syphilitic disease	14	11	3	8	2	3	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
5. Whooping Cough	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
6. Meningococcal infections	2	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
9. Other infective and parasitic diseases	9	3	6	1	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
10. Malignant neoplasm, stomach	331	208	123	138	81	70	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
11. Malignant neoplasm, lung, bronchus	480	422	58	309	44	113	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
12. Malignant neoplasm, breast	151	3	148	2	103	1	45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
13. Malignant neoplasm, uterus	77	—	77	—	57	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
14. Other malignant & lymphatic neoplasms	818	458	360	316	245	142	115	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
15. Leukemia, aleukacemia	55	31	24	23	19	8	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
16. Diabetes	97	28	69	19	45	9	24	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
17. Vascular lesions of nervous system	1,488	667	821	441	551	226	270	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
18. Coronary disease, angina	2,329	1,460	869	942	585	518	284	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
19. Hypertension with heart disease	212	90	122	51	78	39	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
20. Other heart disease	949	436	513	307	372	129	141	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
21. Other circulatory disease	473	246	227	168	168	78	59	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
22. Influenza	25	14	11	12	8	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
23. Pneumonia	586	288	298	178	156	110	142	12	31	5	3	4	2	2	7	33	67	122	127	2	2	1	3	10	18	66	167					
24. Bronchitis	602	445	157	303	108	142	49	—	2	—	—	1	1	4	23	118	162	134	22	23	2	7	8	19	50	71						
25. Other diseases of respiratory system	113	87	26	57	18	30	8	—	3	1	—	3	1	—	5	22	30	22	30	2	2	—	2	4	6	14	4					
26. Ulcer of stomach and duodenum	67	51	16	37	15	14	1	—	3	—	—	—	—	—	4	6	10	20	11	—	—	—	1	2	4	6	14					
27. Gastritis, enteritis and diarrhoea	36	11	25	7	20	4	5	1	3	—	—	—	—	—	1	1	2	2	2	—	—	—	3	1	1	6	10					
28. Nephritis and nephrosis	57	30	27	24	21	6	6	—	—	1	3	1	3	4	7	7	7	4	—	—	—	1	2	1	4	5	7					
29. Hyperplasia of prostate	46	46	—	34	—	12	—	—	—	—	—	—	—	—	—	2	14	30	—	—	—	—	—	—	—	—	—					
30. Pregnancy, childbirth, abortion	2	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
31. Congenital malformations	112	55	57	38	43	17	14	30	9	2	2	—	3	3	2	3	1	—	—	—	—	2	—	1	5	1	2					
32. Other defined and ill-defined diseases	872	376	496	243	323	133	173	104	6	2	8	7	6	13	18	48	63	101	95	3	1	3	7	8	18	33	48					
33. Motor vehicle accidents	137	111	26	64	20	47	6	—	—	4	6	32	12	16	12	8	7	14	—	—	—	5	6	1	1	3	5					
34. All other accidents	267	141	126	90	77	51	49	2	14	4	7	8	10	17	16	17	15	31	1	4	2	3	2	1	5	6	12					
35. Suicide	90	64	26	45	14	19	12	—	—	—	—	—	—	—	—	—	8	6	—	—	—	2	6	3	4	18	72					
36. Homicide and operations of war	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
TOTAL	10,563	5,836	4,727	3,891	3,187	1,945	1,540	151	73	22	33	73	69	184	466	1,310	1,654	1,801	128	54	13	19	30	52	132	286	618	1,282	2,113			

*Including Municipal Boroughs of Durham, Hartlepool, Jarrow and Stockton.

TABLE 4.

Comparative Vital Statistics, Administrative County of Durham and England and Wales, 1964.

	Rates per 1,000 Population.										Rates per 1,000 Live Births.		Rates per 1,000 Total (Live and Still) Births.	
	Live Births	Still Births	DEATHS.								DEATHS		Maternal Mortality.	
			All Causes	Typhoid and Para-Typhoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Acute Poliomyelitis	Pneumonia	Under one year—all causes	Enteritis and Diarrhoea Under 2 years		
DURHAM COUNTY ...	18.3	0.37	10.9	—	0.001	—	0.06	0.03	—	0.60	22.9	0.39	0.11	
*ENGLAND and WALES	18.4	0.31	11.3	0.00	0.00	—	0.05	0.02	0.00	0.77	20.0	†	0.25	

* Provisional.

† Not available.

TABLE 5.

ADMINISTRATIVE COUNTY OF DURHAM.

COMPARATIVE BIRTH AND INFANT MORTALITY STATISTICS, 1955-1964.

Year.	Births.	Deaths under 1 year.	Infant Mortality Rate.	Perinatal Mortality Rate.	Early Neo-Natal Mortality Rate.	Infant Mortality Rate. 1 week—1 year.
1955	15,734	496	32	42.0	18.1	13.1
1956	16,428	451	27	40.1	15.9	11.3
1957	17,063	462	27	39.8	14.9	11.9
1958	17,414	443	25	37.8	14.9	10.3
1959	16,976	453	27	39.1	16.0	10.5
1960	17,622	488	28	40.1	17.0	10.4
1961	17,411	407	23	35.7	13.8	9.3
1962	17,910	467	26	35.7	16.4	9.5
1963	17,639	396	22	32.4	13.5	8.8
1964	17,726	406	23	33.5	13.8	8.8

TABLE 6.
VITAL STATISTICS 1945-1964.

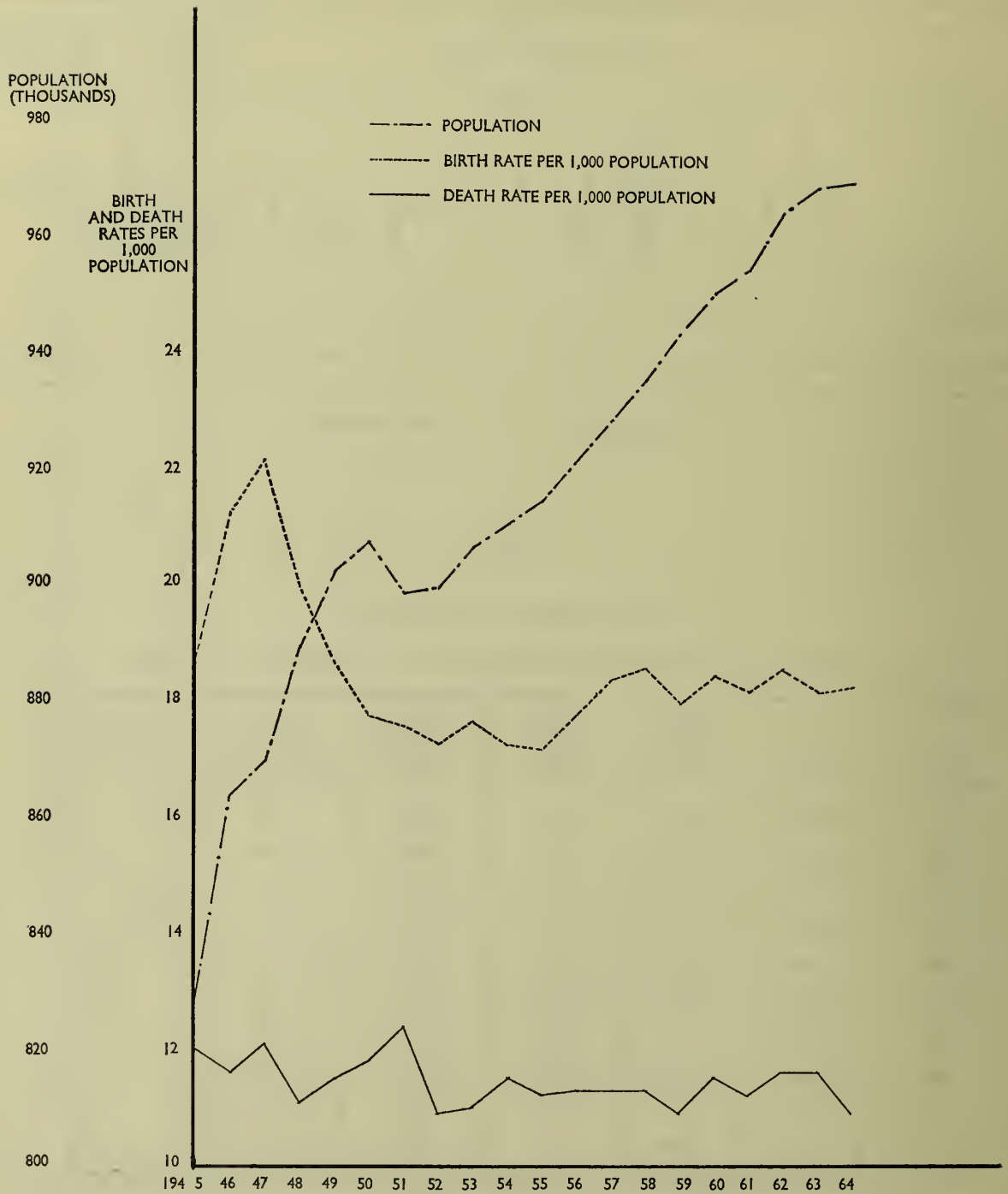


TABLE 7.

HOME NURSING STATISTICS.

Year.	Staff.		General Medical.		General Surgical.		Infectious Diseases.		Tuberculosis.		Maternal Complications.		Others.		Total.	
	Whole-time	Part-time	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
1963	118	32	12,097	306,663	3,854	87,693	41	447	488	34,066	90	1,009	—	6,568	16,570	436,446
1964	118	26	12,027	314,772	3,777	83,713	7	80	475	31,487	143	1,724	—	6,637	16,429	438,413

Year.	Patients included in above Table who were 65 or over at the time of the first visit during the year.		Children included in above Table who were under 5 at the time of the first visit during the year.		Patients included in above Table who have had more than 24 visits during the year.	
	Cases	Visits	Cases	Visits	Cases	Visits
1963	6,914	284,114	1,025	7,144	4,150	292,306
1964	7,726	247,280	871	6,265	4,339	299,119

TABLE 8.

ADMINISTRATIVE COUNTY OF DURHAM.

Number of Persons Vaccinated or Re-vaccinated against Smallpox for which records were received during the year 1964.

District.	VACCINATED Age at date of Vaccination.						RE-VACCINATED Age at date of Re-vaccination.					
	Under 1	1	2 to 4	5 to 14	15 or over	Total	Under 1	1	2 to 4	5 to 14	15 or over	Total
<i>Area No. 1.</i>												
Blaydon U.D. ...	22	179	15	8	9	233	—	—	2	5	9	16
Ryton U.D. ...	34	67	4	3	3	111	—	—	1	—	2	3
Whickham U.D. ...	20	188	5	3	11	227	—	—	4	2	14	20
<i>Area No. 2.</i>												
Jarrow M.B. ...	46	86	11	12	4	159	—	—	3	1	6	10
Felling U.D. ...	46	108	16	4	5	179	—	1	1	2	19	23
Hebburn U.D. ...	89	123	15	1	3	231	—	1	1	4	4	10
<i>Area No. 3.</i>												
Consett U.D. ...	21	214	15	3	7	260	—	1	4	8	18	31
Stanley U.D. ...	31	189	10	8	29	267	—	—	1	5	21	27
Lanchester R.D. ...	12	40	8	1	29	90	—	—	—	—	28	28
<i>Area No. 4.</i>												
Chester-le-Street U.D.	47	112	6	7	31	203	—	—	—	1	21	22
Chester-le-Street R.D.	65	108	8	5	23	209	—	—	—	5	51	56
<i>Area No. 5.</i>												
Boldon U.D. ...	39	143	14	4	2	202	—	1	2	3	16	22
Hetton U.D. ...	4	22	—	—	16	42	—	—	1	4	9	14
Houghton-le-Spring U.D.	22	108	13	4	17	164	—	—	—	—	10	10
Seaham U.D. ...	81	42	7	—	5	135	—	—	—	—	10	10
Washington U.D. ...	29	38	2	3	5	77	—	—	—	—	8	8
Sunderland R.D. ...	68	98	11	3	7	187	—	—	—	3	6	9
<i>Area No. 6.</i>												
Crook & Willington U.D.	33	105	9	4	28	179	—	—	1	—	28	29
Tow Law U.D. ...	—	4	1	—	3	8	—	—	—	—	4	4
Weardale R.D. ...	7	22	2	21	4	56	—	1	—	—	10	11
<i>Area No. 7.</i>												
Durham M.B. ...	31	68	10	4	53	166	—	—	—	10	125	135
Brandon & Byshottles U.D. ...	17	68	9	6	36	136	—	—	—	2	39	41
Durham R.D. ...	47	124	10	4	38	223	—	—	—	10	92	102
<i>Area No. 8.</i>												
Barnard Castle U.D. ...	1	4	1	1	—	7	—	—	—	—	1	1
Barnard Castle R.D. ...	19	39	7	11	10	86	—	—	2	8	9	19
<i>Area No. 9.</i>												
Bishop Auckland U.D.	41	145	13	4	7	210	—	—	—	1	4	5
Shildon U.D. ...	8	39	6	1	3	57	—	—	—	—	4	4
Spennymoor U.D. ...	12	37	7	4	20	80	—	—	1	—	32	33
<i>Area No. 10.</i>												
Hartlepool M.B. ...	17	34	5	1	4	61	—	—	1	—	1	2
Billingham U.D. ...	56	143	18	11	17	245	—	—	1	2	9	12
Darlington R.D. ...	14	55	15	—	11	95	—	—	4	8	6	18
Sedgefield R.D. ...	24	135	14	2	22	197	—	1	1	2	25	29
Stockton R.D. ...	9	32	5	—	—	46	—	—	—	—	4	4
<i>Easington R.D.</i> ...	411	105	46	17	34	613	—	—	—	4	18	22
<i>Stockton M.B.</i> ...	116	237	67	10	8	438	—	—	—	1	4	5
ADMINISTRATIVE COUNTY	1,539	3,261	405	170	504	5,879	—	6	31	91	667	795

TABLE 9.

ADMINISTRATIVE COUNTY OF DURHAM—Diphtheria Immunisation, 1964.

District.	Live Births Registered.		Number of children who had completed a full course of Immunisation at any time up to 31st December, 1964.		Records received during the year of full courses of primary immunisation.			Records received during the year of reinforcing injections.
	1963	1964	Under 5	5-15	Under 5	5-15	Total	
<i>Area No. 1.</i>								
Blaydon U.D.	548	586	1,760	3,664	475	87	562	479
Ryton U.D.	236	237	856	1,695	226	19	245	254
Whickham U.D.	439	489	1,509	3,123	355	35	390	339
<i>Area No. 2.</i>								
Jarrow M.B.	479	450	1,192	4,230	311	11	322	103
Felling U.D.	749	722	1,992	4,516	501	958	1,459	1,740
Hebburn U.D.	504	536	1,316	3,747	353	12	365	121
<i>Area No. 3.</i>								
Consett U.D.	656	618	2,129	4,881	530	48	578	385
Stanley U.D.	694	708	2,241	5,810	499	179	678	787
Lanchester R.D.	238	252	595	1,633	152	8	160	80
<i>Area No. 4.</i>								
Chester-le-Street U.D.	362	313	1,085	1,972	318	55	373	360
Chester-le-Street R.D.	751	798	1,895	4,252	537	279	816	707
<i>Area No. 5.</i>								
Boldon U.D.	527	479	1,345	1,997	347	139	486	585
Hetton U.D.	244	261	521	1,613	156	327	483	377
Houghton-le-Spring U.D.	575	575	1,699	3,384	399	525	924	923
Seaham U.D.	450	461	1,191	2,970	367	592	959	816
Washington U.D.	390	398	994	2,323	266	358	624	645
Sunderland R.D.	542	600	1,280	3,033	370	462	832	718
<i>Area No. 6.</i>								
Crook & Willington U.D.	365	398	1,009	2,423	354	54	408	176
Tow Law U.D.	44	55	148	413	35	7	42	19
Weardale R.D.	89	105	371	947	74	17	91	98
<i>Area No. 7.</i>								
Durham M.B.	299	303	811	2,073	231	24	255	195
Brandon & Byshottles U.D.	373	318	1,034	2,526	288	51	339	235
Durham R.D.	619	667	1,764	3,702	477	61	538	400
<i>Area No. 8.</i>								
Barnard Castle U.D.	96	113	251	511	75	9	84	45
Barnard Castle R.D.	275	273	743	2,161	218	99	317	218
<i>Area No. 9.</i>								
Bishop Auckland U.D.	661	665	1,578	3,845	422	107	529	350
Schildon U.D.	229	231	624	1,515	129	45	174	186
Spennymoor U.D.	328	291	712	2,115	175	64	239	161
<i>Area No. 10.</i>								
Hartlepool M.B.	341	353	673	2,430	156	58	214	167
Billingham U.D.	724	730	2,035	5,742	482	118	600	1,064
Darlington R.D.	557	575	1,408	2,932	335	56	391	303
Sedgefield R.D.	599	602	1,624	3,505	395	91	486	381
Stockton R.D.	198	214	452	921	152	9	161	90
<i>Easington R.D.</i>	1,699	1,637	4,757	9,378	1,577	1,007	2,584	1,674
<i>Stockton M.B.</i>	1,759	1,713	4,288	9,105	1,201	154	1,355	584
Administrative County	17,639	17,726	47,882	111,087	12,938	6,125	19,063	15,765

The number of children in the county immunised up to 31st December, expressed as a proportion of the mid-1964 child population was : 0-5 years, 53.7% and 5-15 years, 63.8%

TABLE 10.

ADMINISTRATIVE COUNTY OF DURHAM.

WHOOPIING COUGH IMMUNISATION, 1964.

Number of children who had completed a primary course (normally 3 injections) of Pertussis vaccine (singly or in combinations) for which records were received during the year.

District.								Under 1	1 to 4	5 to 14	Total.
<i>Area No. 1.</i>											
Blaydon U.D.	...	...	...	...	...	...	...	194	267	16	477
Ryton U.D.	...	...	...	...	...	...	...	75	149	2	226
Whickham U.D.	...	...	...	...	...	...	...	95	200	4	299
<i>Area No. 2.</i>											
Jarrow M.B.	...	...	...	...	...	...	...	85	213	4	302
Felling U.D.	...	...	...	...	...	...	...	180	313	16	509
Hebburn U.D.	...	...	...	...	...	...	...	110	235	7	352
<i>Area No. 3.</i>											
Consett U.D.	...	...	...	...	...	...	...	204	325	32	561
Stanley U.D.	...	...	...	...	...	...	...	236	257	7	500
Lanchester R.D.	...	...	...	...	...	...	...	77	75	3	155
<i>Area No. 4.</i>											
Chester-le-Street U.D.	...	...	...	...	...	...	...	115	203	3	321
Chester-le-Street R.D.	...	...	...	...	...	...	...	221	307	17	545
<i>Area No. 5.</i>											
Boldon U.D.	...	...	...	...	...	...	...	125	221	8	354
Hetton U.D.	...	...	...	...	...	...	...	49	107	6	162
Houghton-le-Spring U.D.	...	...	...	...	...	...	...	125	263	34	422
Seaham U.D.	...	...	...	...	...	...	...	123	233	21	377
Washington U.D.	...	...	...	...	...	...	...	121	143	2	266
Sunderland R.D.	...	...	...	...	...	...	...	122	211	13	346
<i>Area No. 6.</i>											
Crook U.D.	...	...	...	...	...	...	...	106	245	9	360
Tow Law U.D.	...	...	...	...	...	...	...	15	17	2	34
Weardale R.D.	...	...	...	...	...	...	...	27	47	—	74
<i>Area No. 7.</i>											
Durham M.B.	...	...	...	...	...	...	...	49	182	11	242
Brandon U.D.	...	...	...	...	...	...	...	80	208	17	305
Durham R.D.	...	...	...	...	...	...	...	141	331	17	489
<i>Area No. 8.</i>											
Barnard Castle U.D.	...	...	...	...	...	...	...	36	56	—	92
Barnard Castle R.D.	...	...	...	...	...	...	...	56	159	4	219
<i>Area No. 9.</i>											
Bishop Auckland U.D.	...	...	...	...	...	...	...	182	232	17	431
Shildon U.D.	...	...	...	...	...	...	...	53	74	9	136
Spennymoor U.D.	...	...	...	...	...	...	...	77	97	3	177
<i>Area No. 10.</i>											
Hartlepool M.B.	...	...	...	...	...	...	...	36	115	—	151
Billingham U.D.	...	...	...	...	...	...	...	163	316	6	485
Darlington R.D.	...	...	...	...	...	...	...	117	211	13	341
Sedgefield R.D.	...	...	...	...	...	...	...	184	220	5	409
Stockton R.D.	...	...	...	...	...	...	...	49	103	2	154
<i>Easington R.D.</i>	...	...	...	...	...	...	...	279	1295	41	1,615
<i>Stockton M.B.</i>	...	...	...	...	...	...	...	464	731	33	1,228
ADMINISTRATIVE COUNTY ...								4,371	8,361	384	13,116

TABLE 11.

ADMINISTRATIVE COUNTY OF DURHAM—POLIOMYELITIS VACCINATION, 1964.

District.	Number of Persons who have received a primary course of vaccination with Salk Vaccine.							No. of Persons who received Third Injections during the year.	No. of Persons who received Fourth Injections during the year.	Number of Persons who have received a primary course of vaccination with Oral Vaccine.						No. of Persons given Reinforcing dose of Oral after two injections.	No. of Persons given Reinforcing dose of Oral Vaccine.
	Children born in 1964.	Children born in 1963.	Children born in 1962.	Children and Young Persons born in Years 1943-60.	Young Persons born in Years 1933-42.	Others.	Total.			Children born in 1964.	Children born in 1963.	Children born in 1962.	Children born in 1961.	Children and Young Persons born in Years 1943-60.	Young Persons born in Years 1933-42.	Others.	Total
1. Blaydon U.D. Ryton U.D. Whickham U.D.	3	16	2	1	—	3	27	24	3	98	705	153	42	356	90	79	1,523
2. Jarrow M.B. Felling U.D. Hebburn U.D.	4	36	8	8	89	27	203	17	1	116	653	193	81	479	135	14	1,671
3. Consett U.D. Stanley U.D. Lanchester R.D.	1	4	—	—	—	3	8	13	4	162	679	123	51	349	92	94	1,550
4. Chester-le-Street U.D.	2	5	7	5	15	3	38	34	4	73	449	109	58	117	125	101	1,032
5. Boldon U.D. Hetton U.D. Houghton U.D. Seaham U.D. Washington U.D. Sunderland R.D.	4	12	33	26	25	9	117	39	7	172	1,138	345	135	382	216	113	2,501
6. Crook U.D. Tow Law U.D. Weardale R.D.	11	26	9	13	74	19	158	60	14	52	207	68	34	92	15	11	479
7. Durham M.B. Brandon U.D. Durham R.D.	12	132	30	10	17	8	215	91	9	83	479	173	57	166	68	48	1,074
8. Barnard Castle U.D. Barnard Castle R.D.	1	13	4	1	—	2	21	11	3	34	126	51	15	79	6	6	317
9. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	—	4	4	—	1	2	11	11	7	99	440	87	37	272	60	31	1,026
10. Billingham U.D. Hartlepool M.B. Darlington R.D. Stockton R.D. Sedgefield R.D.	4	21	9	12	127	51	291	152	15	240	1,025	296	137	595	195	209	2,687
Easington R.D.	47	90	31	27	95	19	337	60	7	128	737	235	118	231	150	98	1,697
Stockton M.B.	—	9	—	3	9	2	26	7	—	247	742	224	168	256	101	120	1,868
Total	89	368	137	106	452	148	1,452	519	74	1,504	7,380	2,057	933	3,374	1,253	924	17,425

TABLE 12.

ADMINISTRATIVE COUNTY OF DURHAM.

AMBULANCE SERVICE—STATISTICS, 1948-64.

Year	OUT-PATIENTS ONLY			GENERAL SERVICE†			EMERGENCY SERVICE			TOTALS ALL CASES			Total Mileage	Ambu- lances	Men
	No. of Journeys	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total		
*1948	22,989	3,280	17,846	21,126	15,259	23,762	39,021	1,277	—	1,277	16,536	23,762	40,298	552,486	118
1949	61,906	7,395	63,463	70,858	29,609	84,995	114,604	2,321	1,428	3,749	31,930	86,423	118,353	1,501,047	248
1950	79,896	10,635	89,624	100,259	34,032	120,982	155,014	2,269	2,008	4,277	36,301	122,990	159,291	1,979,681	268
†1951	86,429	13,697	128,320	142,017	34,833	163,807	198,640	5,737	5,635	11,372	40,570	169,442	210,012	2,129,585	270
†1952	90,243	19,587	199,937	219,524	35,954	239,672	275,626	11,044	6,778	17,822	46,998	246,450	293,448	2,268,166	271
1953	92,329	18,527	197,915	216,442	34,374	240,721	275,095	12,322	7,373	19,695	46,696	248,094	294,790	2,286,856	272
1954	93,135	19,267	196,621	215,888	35,221	241,757	276,978	14,357	7,277	21,634	49,578	249,034	298,612	2,253,087	281
1955	90,796	18,220	208,783	227,003	33,559	254,652	288,211	15,424	7,553	22,977	48,983	262,205	311,188	2,303,313	272
1956	89,380	18,584	203,795	222,379	34,405	248,310	282,715	16,640	7,319	23,959	51,045	255,629	306,674	2,259,284	283
1957	91,504	17,691	203,104	220,795	34,781	249,720	284,501	18,071	7,480	25,551	52,852	257,200	310,052	2,269,711	277
1958	89,853	17,926	200,533	218,459	34,696	247,873	282,569	17,915	6,923	24,838	52,611	254,796	307,407	2,257,907	290
1959	86,380	15,996	199,211	215,207	31,788	244,302	276,090	18,657	6,596	25,253	50,445	250,898	301,343	2,212,705	289
1960	89,368	16,401	214,301	230,702	32,036	259,967	292,003	20,572	6,789	27,361	52,608	266,756	319,364	2,284,635	290
1961	88,588	17,296	232,206	249,502	32,311	276,423	308,734	21,890	6,395	28,285	54,201	282,818	337,019	2,318,275	286
1962	95,417	18,513	255,418	273,931	32,820	300,159	332,979	22,454	6,570	29,024	55,274	306,729	362,003	2,448,132	286
1963	95,865	18,808	273,080	291,888	32,984	319,428	352,412	24,168	6,789	30,957	57,152	326,217	383,369	2,554,115	291
1964	97,714	15,567	304,843	320,410	28,714	349,623	378,337	25,561	7,251	32,812	54,275	356,874	411,149	2,629,853	292

* Half year only.

† Part of the increase in the figures recording the patients carried is due to the revised method of annual costing laid down by the Ministry of Health in Circular 25/51, which became operative on 1st August, 1951.

‡ Includes figures shown under "OUT-PATIENTS ONLY".

TABLE 13.

ADMINISTRATIVE COUNTY OF DURHAM, 1964.

TUBERCULOSIS—NEW CASES AND MORTALITY.

AGE PERIOD.	NEW CASES.							DEATHS.						
	Respiratory.			Non-Respiratory.			Total	Respiratory.			Non-Respiratory.			Total.
	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.	
0	1	1	2	—	—	—	2	—	—	—	—	—	—	—
1	3	2	5	1	1	2	7	—	—	—	—	—	—	—
2	4	4	8	—	1	1	9	—	—	—	—	—	—	—
5	6	3	9	3	4	7	16	—	—	—	—	—	—	—
10	4	2	6	1	2	3	9	—	—	—	—	—	—	—
15	13	15	28	3	1	4	32	—	—	—	—	—	—	—
20	17	17	34	4	3	7	41	—	—	—	—	—	—	—
25	34	22	56	5	6	11	67	—	2	2	—	—	—	2
35	24	18	42	5	5	10	52	1	2	3	1	—	1	4
45	38	8	46	6	2	8	54	4	2	6	2	—	2	8
55	38*	7	45	3	3	6	51	19	2	21	—	—	—	21
65	26	7	33	2	4	6	39	20	3	23	—	—	—	23
75 and upwards ...	8†	—	8	—	—	—	8	5	—	5	—	1	1	6
Totals ...	216	106	322	33	32	65	387	49	11	60	3	1	4	64

* includes two cases coming to the knowledge of the District Medical Officer of Health otherwise than by formal notification.

† " one case " " " " " " " " " " " "

TABLE 14.

ADMINISTRATIVE COUNTY OF DURHAM, 1964.

Notifications of tuberculosis in each urban and rural district of the administrative county during the period 1st January, 1964 to 31st December, 1964.

District.	Primary Notifications of new cases of Tuberculosis.			
	Respiratory.		Non-respiratory.	
	Males.	Females.	Males.	Females.
<i>Area No. 1.</i>				
Blaydon U.D.	5	3	—	—
Ryton U.D.	3	2	1	1
Whickham U.D.	10	2	—	—
<i>Area No. 2.</i>				
Jarrow M.B.	17	9	2	3
Felling U.D.	28	6	2	3
Hebburn U.D.	9	4	2	1
<i>Area No. 3.</i>				
Consett U.D.	10	6	—	4
Stanley U.D.	11	2	7	4
Lanchester R.D.	1	2	—	1
<i>Area No. 4.</i>				
Chester-le-Street U.D.	2	2	3	—
Chester-le-Street R.D.	8	2	—	2
<i>Area No. 5.</i>				
Boldon U.D.	4	—	1	2
Hetton U.D.	3	1	—	—
Houghton-le-Spring U.D.	7	10	1	2
Seaham U.D.	2	4	2	—
Washington U.D.	7	6	3	—
Sunderland R.D.	5	8	3	1
<i>Area No. 6.</i>				
Crook and Willington U.D.	4	—	—	1
Tow Law U.D.	—	—	—	—
Weardale R.D.	1	2	—	—
<i>Area No. 7.</i>				
Durham M.B.	3	—	1	1
Brandon and Byshottles U.D.	5	3	—	1
Durham R.D.	4	4	1	—
<i>Area No. 8.</i>				
Barnard Castle U.D.	1	—	—	—
Barnard Castle R.D.	1	—	—	—
<i>Area No. 9.</i>				
Bishop Auckland U.D.	7	4	—	2
Sildon U.D.	3	1	—	—
Spennymoor U.D.	—	1	—	—
<i>Area No. 10.</i>				
Hartlepool M.B.	3	—	—	—
Billingham U.D.	5	3	—	1
Darlington R.D.	4	3	—	1
Sedgefield R.D.	4	4	1	—
Stockton R.D.	—	1	—	—
Easington R.D.	16	6	3	1
Stockton M.B.	23	4	—	—
ADMINISTRATIVE COUNTY	216	106	33	32

TABLE 15.

ADMINISTRATIVE COUNTY OF DURHAM, 1964.

DEATHS FROM RESPIRATORY TUBERCULOSIS.

District.	15-24		25-34		35-44		45-54		55-64		65-74		75 and upwards		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Area No. 1.</i>																
Blaydon U.D.	—	—	—	—	—	—	—	—	—	1	3	—	1	—	4	1
Ryton U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whickham U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 2.</i>																
Jarrow M.B.	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—
Felling U.D.	—	—	—	—	—	—	—	—	1	—	2	—	—	—	3	—
Hebburn U.D.	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
<i>Area No. 3.</i>																
Consett U.D.	—	—	—	—	—	1	—	—	1	—	2	—	—	—	3	1
Stanley U.D.	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Lanchester R.D.	—	—	—	—	—	—	—	—	1	—	1	1	—	—	2	1
<i>Area No. 4.</i>																
Chester-le-Street U.D.	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—
Chester-le-Street R.D.	—	—	—	—	—	—	—	—	3	—	—	—	1	—	4	—
<i>Area No. 5.</i>																
Boldon U.D.	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Hetton U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Houghton-le-Spring U.D.	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Seaham U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Washington U.D.	—	—	—	—	—	—	—	—	3	—	—	—	—	—	3	—
Sunderland R.D.	—	—	—	—	—	—	1	—	1	—	—	—	2	—	3	1
<i>Area No. 6.</i>																
Crook and Willington U.D.	—	—	—	—	1	1	—	—	—	—	1	—	—	—	2	1
Tow Law U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Weardale R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 7.</i>																
Durham M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brandon and Byshottles U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Durham R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 8.</i>																
Barnard Castle U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Barnard Castle R.D.	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
<i>Area No. 9.</i>																
Bishop Auckland U.D.	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—
Shildon U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spennymoor U.D.	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
<i>Area No. 10.</i>																
Hartlepool M.B.	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Billingham U.D.	—	—	—	1	—	—	—	—	1	—	1	—	—	—	2	—
Darlington R.D.	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Sedgefield R.D.	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—
Stockton R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Easington R.D.	—	—	—	—	—	—	2	—	1	—	4	1	—	—	7	1
Stockton M.B.	—	—	—	1	—	—	—	1	—	—	1	1	—	—	1	3
ADMINISTRATIVE COUNTY	—	—	—	2	1	2	4	2	19	2	20	3	5	—	49	11

TABLE 16.

ADMINISTRATIVE COUNTY OF DURHAM.
DEATHS FROM NON-RESPIRATORY TUBERCULOSIS.

Area No.	District.	Age Period.	Sex.	Number of deaths.
1	Whickham U.D.	45 — 54	M	1
2	Jarrow M.B.	75 and over	F	1
9	Bishop Auckland U.D.	45 — 54	M	1
9	Spennymoor U.D.	35 — 44	M	1

TABLE 17.

ADMINISTRATIVE COUNTY OF DURHAM.—New Cases and Deaths (with Death-rates and Attack-rates), 1935-1964.
TUBERCULOSIS.

Year.	RESPIRATORY.				NON-RESPIRATORY.				TOTAL.			
	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate
1935	752	610	0.67	0.83	554	142	0.16	0.61	1,306	752	0.83	1.44
1936	764	554	0.62	0.85	573	135	0.15	0.64	1,337	689	0.77	1.49
1937	740	523	0.59	0.84	530	133	0.15	0.60	1,270	656	0.74	1.43
1938	656	470	0.53	0.74	595	124	0.14	0.67	1,251	594	0.67	1.42
1939	705	509	0.58	0.80	520	121	0.14	0.59	1,225	630	0.72	1.39
1940	671	526	0.61	0.79	474	82	0.10	0.56	1,145	608	0.72	1.35
1941	770	542	0.65	0.92	481	106	0.13	0.57	1,251	648	0.77	1.49
1942	757	435	0.53	0.92	492	123	0.15	0.60	1,249	558	0.67	1.52
1943	836	514	0.63	1.03	530	90	0.11	0.65	1,366	604	0.74	1.68
1944	914	423	0.51	1.11	481	100	0.12	0.59	1,395	523	0.63	1.70
1945	913	458	0.55	1.10	514	104	0.13	0.62	1,427	562	0.68	1.72
1946	1,051	430	0.50	1.22	385	111	0.13	0.45	1,436	541	0.63	1.66
1947	1,008	516	0.59	1.16	338	96	0.11	0.39	1,346	612	0.70	1.55
1948	1,127	436	0.49	1.27	295	92	0.10	0.33	1,422	528	0.59	1.60
1949	1,067	428	0.47	1.18	273	74	0.08	0.30	1,340	502	0.56	1.48
1950	1,289	356	0.39	1.42	243	56	0.06	0.27	1,532	412	0.45	1.69
1951	1,179	321	0.36	1.31	212	48	0.05	0.24	1,391	369	0.41	1.55
1952	1,038	222	0.25	1.15	167	26	0.03	0.19	1,205	248	0.28	1.34
1953	917	221	0.24	1.01	144	24	0.03	0.16	1,061	245	0.27	1.17
1954	810	176	0.19	0.89	133	15	0.02	0.15	943	191	0.21	1.04
1955	707	162	0.18	0.77	115	22	0.02	0.13	822	184	0.20	0.90
1956	684	105	0.11	0.74	106	11	0.01	0.12	790	116	0.13	0.86
1957	632	125	0.13	0.68	107	11	0.01	0.12	739	136	0.15	0.80
1958	595	101	0.11	0.64	91	15	0.02	0.10	686	116	0.12	0.73
1959	480	94	0.10	0.51	77	8	0.01	0.08	557	102	0.11	0.59
1960	474	90	0.09	0.50	65	7	0.01	0.07	539	97	0.10	0.57
1961	418	74	0.08	0.44	74	3	0.003	0.08	492	77	0.08	0.52
1962	425	55	0.06	0.44	61	4	0.004	0.06	486	59	0.06	0.50
1963	352	54	0.06	0.36	58	5	0.005	0.06	410	59	0.06	0.42
1964	322	60	0.06	0.33	65	4	0.004	0.07	387	53	0.07	0.40

*Rates per 1,000 population.

TABLE 18.

ADMINISTRATIVE COUNTY OF DURHAM.
TUBERCULOSIS—New Cases and Deaths, 1934-1964.

Year.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
1935	376	376	306	248	315	295	79	63
1936	384	380	298	275	298	256	72	63
1937	406	334	272	258	268	255	65	68
1938	339	317	302	293	270	200	57	67
1939	410	295	266	254	292	217	67	54
1940	380	291	226	248	290	236	45	37
1941	388	382	241	240	299	243	55	51
1942	367	390	248	244	245	190	68	55
1943	438	398	240	290	296	218	64	26
1944	445	469	235	246	233	190	51	49
1945	527	386	249	265	255	203	48	56
1946	604	447	202	183	231	199	64	47
1947	534	474	166	172	253	263	58	38
1948	595	532	146	149	200	236	58	34
1949	552	515	127	146	240	188	39	35
1950	682	607	113	130	220	136	34	22
1951	654	525	102	110	195	126	26	22
1952	562	476	70	97	138	84	13	13
1953	502	415	66	78	129	92	14	10
1954	449	361	68	65	120	56	11	4
1955	376	331	54	61	108	54	9	13
1956	367	317	54	52	77	28	5	6
1957	368	264	42	65	96	29	7	4
1958	371	224	39	52	74	27	12	3
1959	289	191	32	45	74	20	7	1
1960	300	174	28	37	63	27	3	4
1961	257	161	37	37	57	17	2	1
1962	259	166	25	36	48	7	3	1
1963	222	130	27	31	44	10	4	1
1964	216	106	33	32	49	11	3	1

TABLE 19.

ADMINISTRATIVE COUNTY OF DURHAM, 1964.
Numbers of Venereal Diseases patients treated for the first time.

	Treatment Centres.								Total.
	Durham County Hosp.	Stockton and Thor'by Hosp.	New- castle General Hosp.	South Shields Clinic.	Royal Infir. Sunder- land.	General Hospital West Hartle- pool.	Memorial Hospital Dar- lington.	General Hospital Middles- brough.	
Syphilis	1	—	15	—	7	4	—	—	27
Gonorrhoea	6	5	53	15	20	1	14	16	130
Other Conditions	38	9	320	62	131	12	44	39	655
Totals	45	14	388	77	158	17	58	55	812

TABLE 20.

ADMINISTRATIVE COUNTY OF DURHAM, 1964—Deaths from cancer showing the organs affected, sex and age periods.

Based on local tabulations extracted from Monthly Returns submitted by District Registrars.

District.	Deaths at subjoined ages.					Buccal Cavity and Pharynx		Digestive Organs and Peritoneum		Respiratory System		Uterus	Other Female Genital Organs	Breast		Male Genital Organs	Urinary Organs		Skin (Scrotum excepted)		Brain and other parts of the Nervous System		Other or Unspecified Organs		TOTALS	
	0-25	25-45	45-65	65-75	75 & Up	M.	F.	M.	F.	M.	F.			M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
AREA No. 1. Blaydon U.D. ... Ryton U.D. ... Whickham U.D. ...	— 1 —	3 1 3	17 14 15	26 11 13	14 6 14	1 — —	1 — 2	13 7 9	4 5 7	19 10 10	4 1 5	4 3 —	1 — —	— — —	4 2 2	3 3 1	2 — —	— — —	— — 1	— — —	1 — —	— — 1	2 1 3	1 1 4	41 21 23	19 12 22
AREA No. 2. Jarrow M.B. ... Felling U.D. ... Hebburn U.D. ...	— — —	3 3 1	21 34 22	20 22 12	8 10 12	— 1 1	1 — 1	13 16 13	12 9 8	9 17 11	3 2 —	3 5 4	4 2 2	— — —	2 5 3	— 3 1	— — 1	— 1 —	— — —	— — —	— 1 2	— — —	2 3 —	3 4 —	24 41 29	28 28 18
AREA No. 3. Consett U.D. ... Stanley U.D. ... Lanchester R.D. ...	2 1 —	5 5 2	33 43 11	24 39 4	20 21 10	1 4 1	— 1 —	10 34 4	16 15 6	20 24 4	2 4 —	3 4 3	2 1 2	— — —	8 8 2	4 3 1	4 — —	— — —	— 1 —	— — —	1 — 1	— 2 —	6 5 —	7 3 3	46 71 11	38 38 16
AREA No. 4. Chester-le-Street U.D. Chester-le-Street R.D.	— 2	1 7	12 31	9 24	12 11	— —	— —	5 16	8 12	5 16	1 3	1 2	— 2	— —	6 5	3 1	1 2	— —	— 2	— —	1 —	— 3	3 7	— 4	18 44	16 31
AREA No. 5. Boldon U.D. ... Hetton U.D. ... Houghton-le-Spring U.D. ... Seaham U.D. ... Washington U.D. ... Sunderland R.D. ...	— 2 1 — 1 3	1 4 4 1 3 1	14 14 20 24 15 20	18 9 18 12 6 23	17 12 16 9 6 16	— — — — — 1	— — — — — —	16 10 9 14 5 16	15 8 14 6 4 8	9 8 15 8 5 11	1 1 2 — 3 3	— 1 1 — 1 1	— — 1 — — —	5 5 5 3 3 5	2 1 2 1 — 6	— 1 1 1 2 2	2 — — — — —	— — — 1 — 1	— 1 — — — —	— — — — — —	— — 4 — — —	— 2 4 4 8 3	— 3 — 3 2 1	27 22 32 29 20 40	23 19 27 17 17 23	
AREA No. 6. Crook & Willington U.D. ... Tow Law U.D. ... Weardale R.D. ...	1 — —	1 — —	11 4 4	15 1 3	16 1 6	— — 1	— — —	9 4 4	10 — —	7 1 1	— — —	1 — —	2 — —	1 — 1	2 — 2	4 — 2	1 1 1	2 — —	— — —	— — —	— — —	— — —	5 — 1	— — —	27 6 11	17 — 2
AREA No. 7. Durham M.B. ... Brandon & Byshottles U.D. ... Durham R.D. ...	1 — 2	— — 5	17 11 19	9 13 18	9 14 17	1 1 —	— 1 —	5 5 16	8 7 10	7 12 13	1 — 2	2 — 2	1 — 1	— — —	1 3 3	1 2 4	1 — 2	1 — 1	— 1 —	— — —	— — —	— — —	4 1 3	3 4 3	19 22 39	17 16 22
AREA No. 8. Barnard Castle U.D. Barnard Castle R.D.	— 1	— 1	4 7	3 17	5 8	— 1	— —	3 6	1 5	1 8	1 1	1 —	1 3	— —	1 3	— —	— 2	— 1	— —	— —	— —	— —	2 3	1 1	6 20	6 14
AREA No. 9. Bishop Auckland U.D. Shildon U.D. ... Spennymoor U.D. ...	1 1 —	3 1 3	23 10 20	23 10 9	17 5 10	— — 1	— 1 —	14 2 7	11 7 9	11 4 9	1 2 1	2 — 4	3 — 3	— — —	6 3 2	5 2 —	5 1 —	3 — 1	— — —	— — 1	— — —	1 1 —	5 3 2	— 1 2	40 13 19	27 14 23
AREA No. 10. Hartlepool M.B. ... Billingham U.D. ... Darlington R.D. ... Sedgefield R.D. ... Stockton R.D. ...	1 1 1 — —	3 4 3 4 2	17 22 9 38 6	14 21 9 24 5	4 9 14 31 4	— — 1 2 —	— 1 — 1 —	8 9 6 25 1	3 4 5 25 2	14 21 7 20 5	3 2 3 5 1	3 2 1 4 1	— 3 2 1 —	— — — 1 —	3 4 1 2 2	— 3 1 2 1	— 1 3 2 —	1 — 1 1 —	— 1 — — —	— — — 1 —	— — 2 2 —	2 2 2 1 —	1 3 2 — 2	24 38 22 53 10	15 19 14 44 7	
Easington R.D. ...	2	7	55	53	23	2	—	33	23	28	7	3	2	—	15	3	5	1	—	—	2	2	9	5	82	58
Stockton M.B. ...	1	8	66	54	35	—	—	38	26	45	9	6	4	—	10	3	1	2	—	1	2	1	11	5	100	64
ADMINISTRATIVE COUNTY	26	93	703	597	442	20	10	405	313	415	75	76	46	4	136	68	43	18	8	10	16	18	111	69	1090	771

TABLE 21.

MENTAL HEALTH SERVICE—HOSPITAL ADMISSIONS, 1964.

	HOSPITAL	SECTION 25 (Observation)	SECTION 26 (Treatment)	SECTION 29 (Emergency)	SECTION 39 (Leave Revoked)	SECTION 40 (Absence without leave)	SECTION 60 (Court Orders)	INFORMAL	TEMPORARY (Cir. 5/52)
MENTALLY ILL	Cherry Knowle, Ryhope ...	3	3	26	—	—	1	6	—
	Lee Hill, Lanchester ...	—	—	—	—	—	—	2	—
	St. Luke's, Middlesbrough ...	—	1	—	—	—	—	—	—
	Newcastle General ...	—	—	1	—	—	—	—	—
	South Shields General ...	9	—	9	—	—	—	14	—
	St. Mary's, Stannington ...	2	1	45	—	—	—	90	—
	St. Nicholas, Gosforth ...	94	4	46	—	2	2	109	—
	West Hartlepool General ...	—	—	6	—	—	—	1	—
	Winterton, Sedgefield ...	24	17	368	2	4	4	166	—
	Chester-le-Street General ...	—	—	1	—	—	—	—	—
	TOTALS ...	132	26	502	2	6	7	388	—
MENTALLY SUB- NORMAL	Aycliffe ...	—	3	1	—	—	5	14	10
	Prudhoe and Monkton ...	—	—	1	—	—	1	47	58
	Winterton, Sedgefield ...	—	—	1	—	—	—	—	—
	Children's Hospital, Stockton ...	—	—	—	—	—	—	—	1
	TOTALS ...	—	3	3	—	—	6	61	69

TABLE 22.

ADMINISTRATIVE COUNTY OF DURHAM, 1964.

Numbers of all cases of infectious and other notifiable diseases originally notified, and of the final numbers according to sex and age after corrections subsequently made either by notifying medical practitioners or medical superintendents of hospitals.

Numbers originally notified	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excluding rubella)		Diphtheria		Dysentery		Meningo-coccal infection	
	M	F	M	F	Paralytic		Non-paralytic		M	F	M	F	M	F	M	F
					M	F	M	F								
Total (All Ages) ...	311	328	262	309	—	—	2	—	2,940	2,841	—	—	159	177	11	—
Final numbers after correction																
Under 1 year ...	—	1	30	38	—	—	—	—	128	168	—	—	11	12	2	—
1— " ...	5	2	26	35	—	—	—	—	361	345	—	—	10	15	2	—
2— " ...	20	33	35	43	—	—	—	—	425	427	—	—	16	13	2	—
3— " ...	30	28	46	48	—	—	—	—	467	441	—	—	9	8	—	—
4— " ...	44	29	32	23	—	—	1	—	430	423	—	—	7	9	—	—
5—9 " ...	176	206	88	109	—	—	—	—	1,091	1,003	—	—	47	44	3	—
10—14 " ...	30	19	5	10	—	—	—	—	29	27	—	—	8	13	—	—
15—24 " ...	5	4	—	1	—	—	—	—	4	3	—	—	6	11	—	—
25 and over ...	1	3	—	1	—	—	—	—	3	8	—	—	26	47	1	—
Age unknown ...	—	—	—	—	—	—	—	—	6	3	—	—	3	5	—	—
Total (All Ages) ...	311	325	262	308	—	—	1	—	2,944	2,848	—	—	143	177	10	—

Numbers originally notified	Acute pneumonia		Smallpox		Acute encephalitis				Enteric or Typhoid fever		Paratyphoid fevers		Erysipelas		Food poisoning	
	M	F	M	F	Infective		Post-infectious		M	F	M	F	M	F	M	F
					M	F	M	F								
Total (All Ages) ...	112	74	—	—	3	2	—	—	—	—	4	2	17	18	106	10
Final numbers after correction																
Under 5 years ...	20	12	—	—	—	—	—	—	—	—	—	1	1	—	7	—
5—14 " ...	15	9	—	—	—	1	—	—	—	—	3	—	—	1	12	—
15—44 " ...	17	21	—	—	—	1	—	—	—	—	2	—	6	1	4	1
45—64 " ...	34	8	—	—	—	—	—	—	—	—	—	1	7	8	7	—
65 and over ...	25	21	—	—	—	—	—	—	—	—	—	—	3	8	2	—
Age unknown ...	3	2	—	—	—	—	—	—	—	—	—	—	—	—	18	2
Total (All Ages) ...	114	73	—	—	—	2	—	—	—	—	5	2	17	18	50	6

Numbers originally notified	Tuberculosis						Total or New Cases coming to the Knowledge of Medical Officers of Health otherwise than by Formal Notification.		Other notifiable diseases			
	Respiratory		Meninges & C.N.S.*		Other				Original		Final	
	M	F	M	F	M	F	M	F	M	F	M	F
Total (All Ages) ...	216	105	8	5	25	28	3	—	Puerperal pyrexia			
Final numbers after correction									Ophthalmia neonatorum			
Under 5 years ...	8	7	1	—	—	2			Malaria			
5—14 years ...	15	6	1	1	2	4						
15—44 " ...	85	72	1	2	17	13						
45—64 " ...	77	14	4	1	5	5						
65 and over ...	30	7	1	1	1	3						
Age unknown ...	1	—	—	—	—	—						
Total (All Ages) ...	216	106	8	5	25	27						

* Central nervous system.

TABLE 23.

ADMINISTRATIVE COUNTY OF DURHAM, 1964.—Corrected Number of Infectious Diseases notified in each sanitary district.

[illegible]

TABLE 24.

ADMINISTRATIVE COUNTY OF DURHAM, 1964—Notifiable Diseases. Corrected number of Cases and Deaths.

Diseases.												Cases.	Deaths.
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	636	—
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	570	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	—	—
Measles	...	...	...	...	...	...	...	...	...	...	...	5,792	—
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	187	630
Meningococcal Infection	...	...	...	...	...	...	...	...	...	...	...	15	4
Acute Poliomyelitis—													
Paralytic	...	...	...	...	...	...	...	...	...	...	...	—	—
Non-Paralytic	...	...	...	...	...	...	...	...	...	...	...	1	—
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	—	—
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	80	—
Smallpox	...	...	...	...	...	...	...	...	...	...	...	—	—
Para-Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	7	—
Enteric or Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	—	—
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	35	—
Malaria	...	...	...	...	...	...	...	...	...	...	...	—	—

TABLE 25.

ADMINISTRATIVE COUNTY OF DURHAM—Corrected number of cases of certain Infectious Diseases notified, 1955-1964

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	Mean of 10 years.
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	413	846	945	762	686	400	274	145	241	636	535
Diphtheria	6	—	—	1	—	—	—	—	—	—	—
Enteric & Para-Typhoid Fevers	41	7	11	6	12	5	2	5	4	7	10
Puerperal Pyrexia	129	104	126	97	71	49	101	86	75	80	92
Erysipelas	79	91	74	37	55	40	30	20	22	35	48
TOTALS	668	1,048	1,156	903	824	494	407	256	342	758	685
Attack Rate per 1,000 Living ...	0.7	1.1	1.2	1.0	0.9	0.5	0.4	0.3	0.4	0.8	0.7

TABLE 26.

ADMINISTRATIVE COUNTY OF DURHAM—Deaths and Death-rate from the seven principal Infective Diseases, 1955-1964.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	Mean of 10 years
Estimated Population	914,600	921,600	928,800	935,800	943,700	950,870	955,050	964,550	969,580	970,190	945,474
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	1	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	1	—	—	—	—	—	—	—	—
Measles	6	1	2	—	2	—	—	—	—	—	1
Whooping Cough	2	1	1	—	1	—	1	—	—	1	1
Diarrhoea and Enteritis under 2 years	17	9	11	10	11	9	6	14	10	7	10
TOTAL DEATHS	25	12	15	10	14	9	7	14	10	8	12
Deaths per 1,000 Population	0.03	0.01	0.02	0.01	0.01	0.009	0.007	0.015	0.010	0.008	0.013

TABLE 27.

ADMINISTRATIVE COUNTY OF DURHAM, 1964.

Results of examination of samples of raw, pasteurised and sterilised milk collected by officers of the County Health Department.

	No. of samples taken	Methylene Blue Test.				Phosphatase Test			Biological Test for Tuberculosis, etc.					Turbidity Test		
		Passed	Failed	Inconclusive	% Failed	Passed	Failed	% Failed	No. of samples taken	Negative	Positive	Inconclusive	% Positive	Passed	Failed	% Fail
<i>Pasteurised Milk</i>																
(a) Dairies ...	350	340	9	1	2.6	350	—	—	—	—	—	—	—	—	—	—
(b) Schools ...	260	246	11	3	4.2	260	—	—	—	—	—	—	—	—	—	—
(c) Hospitals...	68	68	—	—	—	68	—	—	—	—	—	—	—	—	—	—
(d) Dealers ...	1,455	1,320	105	30	7.2	1,448	7	0.5	—	—	—	—	—	—	—	—
	2,133	1,974	125	34	5.9	2,126	7	0.33	—	—	—	—	—	—	—	—
<i>Raw Milk</i>																
(a) Farms ...	128	120	8	—	6.3	—	—	—	39	37	—	2	—	—	—	—
(b) Dealers ...	463	360	84	19	18.1	—	—	—	251	233	10	8	4.0	—	—	—
	591	480	92	19	15.6	—	—	—	290	270	10	10	3.4	—	—	—
<i>Sterilised Milk</i> ...																
(a) Dairies ...	53	—	—	—	—	—	—	—	—	—	—	—	—	53	—	—
(b) Dealers ...	624	—	—	—	—	—	—	—	—	—	—	—	—	624	—	—
	677	—	—	—	—	—	—	—	—	—	—	—	—	677	—	—
TOTALS ...	3,401	2,454	217	53	6.4	2,126	7	0.33	290	270	10	10	3.4	677	—	—

TABLE 28.

HOUSING.

Statement as to the position of Housing in the Administrative County of Durham on the 31st December, 1964
(Figures supplied by District Councils).

Districts.	Houses Erected during 1964 by			Total No. of Inhabited Houses in District.
	Local Authority	Any Other Housing Authority.	Private Persons.	
<i>Area No. 1.</i>				
Blaydon U.D.	93	—	258	10,365
Ryton U.D.	16	—	75	4,910
Whickham U.D.	171	—	357	8,937
<i>Area No. 2.</i>				
Jarrow M.B.	226	8	52	8,351
Felling U.D.	79	—	77	12,321
Hebburn U.D.	168	—	—	8,240
<i>Area No. 3.</i>				
Consett U.D.	43	—	71	12,251
Stanley U.D.	76	—	45	14,690
Lanchester R.D.	—	—	114	4,587
<i>Area No. 4.</i>				
Chester-le-Street U.D.	54	—	155	6,801
Chester-le-Street R.D.	55	—	316	14,225
<i>Area No. 5.</i>				
Boldon U.D.	48	144	90	8,426
Hetton U.D.	38	14	56	5,437
Houghton-le-Spring U.D.	96	—	134	10,142
Seaham U.D.	68	—	90	8,017
Washington U.D.	22	—	151	6,178
Sunderland R.D.	128	—	286	9,568
<i>Area No. 6.</i>				
Crook and Willington U.D.	—	68	6	8,621
Tow Law U.D.	—	—	—	977
Weardale R.D.	—	—	3	3,174
<i>Area No. 7.</i>				
Durham M.B.	60	—	94	6,635
Brandon and Byshottles U.D.	53	—	3	6,541
Durham R.D.	115	—	225	11,850
<i>Area No. 8.</i>				
Barnard Castle U.D.	—	4	8	1,704
Barnard Castle R.D.	6	—	12	5,931
<i>Area No. 9.</i>				
Bishop Auckland U.D.	40	—	123	11,320
Shildon U.D.	64	—	13	4,666
Spennymoor U.D.	31	38	26	6,134
<i>Area No. 10.</i>				
Hartlepool M.B.	82	—	33	5,265
Billingham U.D.	214	—	132	10,405
Darlington R.D.	5	203	84	8,144
Sedgefield R.D.	52	—	47	11,352
Stockton R.D.	61	—	284	3,887
Easington R.D.	214	329	12	28,505
Stockton M.B.	172	2	253	25,149
Total	2,450	810	3,685	313,706

TABLE 29.

CLOSET ACCOMMODATION.

The following table gives the number and type of convenience in each sanitary district of the county at the end of 1964. In addition information is given in the table as to the conversions of ashpit privies and ash-closets into water-closets during the year.

DISTRICTS.	Total number in District			Ashpit Privies converted into Water-Closets.	Ash Closets converted into Water-Closets
	Water-Closets	Ash-Closets	Ashpit Privies		
AREA No. 1.					
Blaydon U.D.	13,007	40	—	—	2
Ryton U.D.	5,079	—	13	—	—
Whickham U.D.	9,583	3	24	2	—
AREA No. 2.					
Jarrow M.B.	11,120	—	—	—	—
Felling U.D.	13,257	9	—	—	—
Hebburn U.D.	9,030	—	—	—	—
AREA No. 3.					
Consett U.D.	14,016	26	2	6	9
Stanley U.D.	15,668	63		—	
Lanchester R.D.	4,752	69	33	2	1
AREA No. 4.					
Chester-le-Street U.D.	8,003	18	—	—	—
Chester-le-Street R.D.	12,274	90	—	—	—
AREA No. 5.					
Boldon U.D.	9,082	14	—	—	—
Hetton U.D.	5,557	6	—	—	—
Houghton-le-Spring U.D.	10,645	20	6	—	—
Seaham U.D.	9,724	—	1	5	—
Washington U.D.	7,322	—	3	—	—
Sunderland R.D.	9,064	—	23	—	—
AREA No. 6.					
Crook & Willington U.D.	9,153	418	—	—	2
Tow Law U.D.	780	244	—	—	32
Weardale R.D.	2,650	450	72	35	13
AREA No. 7.					
Durham M.B.	7,845	15	5	—	—
Brandon and Byshottles U.D.	6,501	502	6	—	6
Durham R.D.	1,711	140	10	3	2
AREA No. 8.					
Barnard Castle U.D.	2,364	3	1	—	—
Barnard Castle R.D.	5,298	796		49	
AREA No. 9.					
Bishop Auckland U.D.	12,494	769	60	3	17
Shildon U.D.	5,105	—	61	3	—
Spennymoor U.D.	7,362	214	4	—	7
AREA No. 10.					
Hartlepool M.B.	5,254	8	3	—	—
Billingham U.D.	11,323	4	1	—	—
Darlington R.D.	7,904	240		28	
Sedgefield R.D.	13,495	118		3	
Stockton R.D.	4,060	26	—	—	—
Easington R.D.	28,900	97	68	2	—
Stockton M.B.	31,343	—	—	—	—

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